

# BRIDGES

## Mental Health Ombuds Service

Serving Clallam, Jefferson,  
and Kitsap Counties

**Call: 360.692.1582**  
**Toll free: 1.888.377.8174**  
**Confidential Fax: 360.692.1595**

or write  
**BRIDGES Mental Health Ombuds**  
**9004 Washington Avenue NW**  
**Silverdale, WA 98383**  
**ombuds@kitsapdrc.org**

A partnership between the Dispute  
Resolution Center of Kitsap County and  
the Peninsula Regional Support Network



[www.kitsapdrc.org](http://www.kitsapdrc.org)



### What Is An Ombuds Service?

The State of Washington has established an independent Ombuds service to receive complaints and grievances from publicly funded mental health clients. Complaints may be made by clients, their family members or others.

### What Is The Purpose?

Ombuds receive complaints concerning quality of mental health services and client satisfaction and assist in resolving them quickly and confidentially. Our primary goal is to help providers and clients work together to ensure dignified, quality service.

### Who Is Eligible?

Adults and children who reside in Clallam, Jefferson, and Kitsap Counties who are receiving publicly funded mental health services may use the Ombuds service. Concerns or questions from family members and other interested parties may also be directed to the Ombuds.

### Are There Fees?

There are no fees associated with this service.

### What Can The Ombuds Do For Me?

Listen to your problem as it pertains to services at a publicly funded mental health agency.  
Analyze what is involved and help you determine an appropriate solution.  
Investigate facts, records, laws, policies and procedures. Provide assistance in resolving the problem on an informal level, if possible.  
Assist you in the complaint and grievance process. And, if necessary, follow through to see that the complaint is resolved and that you are kept informed of the process.  
Provide information on resources and client rights.  
Recommend changes to correct a problem or prevent future occurrences.  
Maintain confidentiality.

## What Can't The Ombuds Service Do?

Provide mental health counseling or case management services.

Obtain information on the client's behalf without the client's written consent.

Ensure any specific outcome.

Give legal advice or act as your attorney.

Enforce a recommendation.

## What Can You Do To Help The Ombuds Resolve Your Concern Or Complaint?

Be prepared to tell the WHO, WHAT, WHERE, and WHEN of the problem.

Supply any written information you may have to the Ombuds.

Consider what would be a fair resolution.

What is it you want from the provider?

Keep the Ombuds informed of how you can be helped and where you can be reached.

## Client Rights

This is a partial list, more extensive list available upon request. Clients receiving public mental health services have a right to

- Be treated with respect, dignity and privacy,
- Develop a plan of care and services that meet your unique needs,
- Request services of an interpreter,
- Refuse any proposed treatment,
- Receive care that does not discriminate against you, and is sensitive to gender, race, national origin, language, age, disability and sexual orientation,
- Be free of any sexual exploitation or harassment,
- Review your clinical record and be able to add an amendment,
- Receive an explanation of all medications prescribed,
- Confidentiality,
- Make an advance directive, indicating your choices and preferences regarding your physical and mental health treatment,
- Appeal any denial, termination, suspension, or reduction in services and continue to receive services at least until your appeal is heard by a fair hearing judge,
- Receive all services that are medically necessary to meet your needs,
- Obtain a second opinion at no cost to you from a qualified medical professional,
- Lodge a complaint with the Ombuds, RSN, or provider if you believe your rights have been violated and be free of retaliation or the threat of retaliation,
- Change your primary care providers within the first 90 days and once during any 12-month period.

{Different Client Rights apply for Inpatient Services.}

## Complete and return this form

I, \_\_\_\_\_, hereby authorize BRIDGES Ombuds Service serving the Peninsula Regional Support Network area to exchange and/or discuss psychiatric/mental health information and review my records to assist me in resolving the complaint or grievance I have with: Agency(s): \_\_\_\_\_

Not Including HIV, STD information

Not including Alcohol/Drug treatment records (if agency has a program specifically protected by law).

Note: Checking either of these boxes may delay access to records by 15 days.

Individuals I would like Ombuds to speak with, besides agency(s) listed:

\_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

I understand that my records are protected under federal, state, and local law, and they cannot be disclosed to anyone without my written consent. This consent will expire when client is no longer receiving services from the public mental health system or may be revoked at any time at client request. (In accordance with RCW chapters 70.02, 71.05, 71.24; WAC 388-865-0115 and -0250; and the Public Disclosure Act)

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If the client is under 13 years of age, or is an adult with a court appointed guardian, the client's parent or guardian must sign this release.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Please send to 9004 Washington Avenue NW; Silverdale, WA 98383 or  
Fax to: 360.692.1595

\*\*A copy or fax shall be considered valid in lieu of original.\*\*