



## Multnomah County Mental Health: ARE YOU GETTING WHAT YOU NEED?



Multnomah County  
Complaint Form

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Multnomah County  
Mental Health and Addiction Services  
421 SW Oak St., Suite 520  
Portland OR 97204

Phone: 503-988-860  
Fax: 503-988-4015  
Website: <https://multco.us/mhas/consumers>

People receiving mental health services in Multnomah County are at the center of the mental health system.

Tel: 503-988-8600

Last Updated: 7/17

## Are You Getting What You Need?

If you are unhappy with your mental health treatment, no matter who pays for your services, you have the right to complain. If we don't know what is not working, we can't fix it — so let us know!

You can send in your complaint in any of the following ways:

### Call:

- MHASD Grievance Line— 503-988-8600
- State Ombudsman- 503-945-6904
- Disability Rights Oregon- 503-243-2081

If you are an OHP member, contact your CCO directly:

- Heath Share of Oregon- 503-416-8090
- Family Care- 503-345-5702

- **Write:** You can use the Multnomah County complaint form on the inside of this brochure and mail, or fax to the address on the back.

You can also get forms and other mental health information online at:  
<http://web.multco.us/mhas/consumers>.

### Please Remember:

- Once you file your complaint, we have 30 days to complete our process.
- If the matter of your complaint will cause harm to you in the time it takes for us to complete our process, you may file an expedited grievance.
- You cannot be retaliated against for filing a complaint.
- You are immune from any legal issues for making a complaint.





# Consumer Grievance/Complaint Reporting Rights

## You have the right to complain

**CONFIDENTIALITY.** All information in your concern/ complaint will be kept confidential except in the following circumstances:

- When you file a complaint, Multnomah County MHASD has the right to the information concerning your complaint for review purposes without a signed release of information from you, your parent/legal guardian, or your representative.
- When permission is formally given through a signed authorization.
- As required by law, we will report to the appropriate agencies in the following cases:
  - When there is reason to suspect the abuse or neglect of a child as required by ORS 419B.005.
  - When there is suspected abuse or neglect of an adult, 18 years and older who has a disability as required by ORS 419B.005.
  - Reporting to law enforcement officers and the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person.
  - Reporting if a client is judged to be in imminent danger of harming him/herself. Information may be released to a person who has the authority to deal with the danger.
  - Reporting to a doctor or hospital in the event of a medical emergency.
  - In the event of a court subpoena requiring the release of a client's records.

**RIGHT TO REQUEST ACCESS TO YOUR RECORDS AND PRESENT EVIDENCE.** You have the right to request to review your medical records and receive either a response or access to the record within five working days. You also have a right to give information regarding this concern or if this is an appeal, evidence regarding the appeal prior to the decision being made.

### MULTNOMAH COUNTY COMPLAINT FORM (For Non-OHP clients) MENTAL HEALTH AND ADDICTION SERVICE DIVISION

Please review the information on the back before you complete this form.

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Recipient ID#: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Person Reporting Concern: \_\_\_\_\_ Do you wish to remain anonymous? Yes No

Relationship to member: \_\_\_\_\_ Do you need an interpreter? Yes No If so, for what language? \_\_\_\_\_

Describe your complaint: Give us any information that may help us to resolve this concern. Attach any records, you wish us to review regarding this concern. Please attach additional pages to this form if you need more space to describe the concern.

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What would you like to see happen in this matter?

Please list the names and telephone numbers of anyone you want us to contact about this complaint:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please Mail or FAX** Grievance Coordinator  
Multnomah County MHASD Attention: Shari Kliewer  
421 SW Oak Street Suite 520  
Portland, Oregon 97204-1620  
Phone: 503-988-8600 FAX 503-988-4015 TTY/TTD Phone # 503-988-5866