

Cedar Valley Services, Inc.

SECTION	DOC. #	INITIATED	LAST UPDATE	LAST REVIEW	# PAGES
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RIGHTS OF PERSONS SERVED

Name: _____

Date: _____

Program Name: _____

This packet contains information regarding your rights while receiving services and supports from this program, information on restrictions of your rights, and information of where you can go if you have questions or need additional information related to your rights.

I received the following information within five working days of when I started to receive services and every year after that.

1. A copy of my rights under the law, Minnesota Statutes, section 245D.04.
2. An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.

Date services were started: _____ Date I received this information: _____

This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.

If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand the program must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights? Yes (if yes, see rights restrictions document) No

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health and
Developmental Disabilities
121 7th Place E., Suite 420
Metro Square Building
St. Paul, MN 55101

Minnesota Disability Law Center
430 1st Ave. N., Suite 300
Minneapolis, MN 55401
Email: mndlc@mylegalaid.org
Website: <http://www.mndlc.org/>

Phone: (651) 757-1800 or 1-(800) 657-3506

Fax: (651) 797-1950 or (651) 296-1021

Website: <https://mn.gov/omhdd/>

I want _____ to help me exercise my rights. The Program has this person's contact information in my record.

By signing at the end of this form, I am agreeing that I have read and understand the boxes I checked above. I also acknowledge my right to be informed about consents, refusal of consents, expression of choices, and withdrawal of consents regarding service delivery, release of information, concurrent services, composition of my service delivery team, and any involvement in research projects (if applicable).

Application and intent of these rights

These rights apply to persons served in a program licensed under MN Statutes, chapter 245D and other Cedar Valley Programs. The company will ensure that the person's rights in the services provided by the company and as authorized in the *Support Plan* are exercised and protected by all staff of the company including subcontractors, temporary staff, and volunteers. This document will be signed and dated by the person served and/or legal representative and maintained in the service recipient record at service initiation and annually thereafter.

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Service-related rights

A person's service-related rights include the right to:

1. Participate in the development and evaluation of the services provided to the person.

We encourage you to let this company know what services you need and want and upon evaluation, how we can modify the services to better meet your desired service outcomes.

2. Have services and supports identified in the *Support Plan* and/or *Support Plan Addendum* provided in a manner that respects and takes into consideration the person's preferences (including personal items in their bedroom) according to the requirements in MN Statutes, section 245D.07 and 245D.071.

You may notify us of your needs, interests, preferences, and desired outcomes so we may be able improve the services to you and to the best of our ability.

3. Refuse or terminate services and be informed of the consequences of refusing or terminating services.

If you are not satisfied with your services, you may discuss your concerns and dissatisfaction with us at anytime. Further discussions may also include information and/or conversations with your support team.

4. Know, in advance, limits to the services available from the license holder, including the license holder's knowledge, skill, and ability to meet the person's service and support needs

We will notify you prior to service initiation if there are any limits to the services that we will provide. If you are not satisfied with the limitations, you may consider all options available for services to meet your needs.

5. Know conditions and terms governing the provision of services, including the license holder's admission criteria and policies and procedures related to temporary service suspension and service termination.

This company's *Policy and Procedure on Admission* contains information on our admission criteria. If we are no longer able to continue providing you with services, you have the right to know what the procedures are in the *Policy and Procedure on Temporary Service Suspension* and the *Policy and Procedure on Service Termination*. You will always receive an explanation, in a way that you can understand, of what is occurring and why.

6. A coordinated transfer to ensure continuity of care when there will be a change in provider.

Regardless of the situation that brings forth a change in service provider, this company will provide information and work in cooperation with your support team to ensure a smooth transfer between providers.

7. Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges.

You have the right to be provided with information regarding the charges for the services. If the charges for the services change, you have the right to know of that change.

8. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay.

Services provided to you by this company will be charged to the correct payment source. If you are responsible to pay for some of your services, we will work with you and your team on how that process will occur.

9. Receive licensed services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the *Support Plan* and/or *Support Plan Addendum*.

The services you receive from this company will be provided by staff that have received training and are competent to provide you with services as directed by the *Support Plan* and *Support Plan Addendum*.

10. Make an informed choice about whether to receive day services in a licensed facility/community or to "stay-at-home" and receive no day services or receive services remotely during the peacetime emergency to minimize

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your exposure to COVID-19. This right exists even if you do not meet the definition of an “at-risk person” under Emergency Executive Order 20-55, paragraph 2.

You have the right at any time during the pandemic to choose whether or not you want to receive services from us, regardless of whether or not you may be considered someone with a higher risk of being affected by contracting the virus. If you have questions or concerns about our Preparedness Plan and the safety measures in place, you may speak with your Coordinator or Management at any time.

Protection-related rights

A person’s protection-related rights include the right to:

1. Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the license holder.

Your information will be private at all times except for case consultation, treatment, and discussion. This company will ensure that only those records needed for the appropriate care, treatment, and delivery of services are made available to those individuals who are directly involved in that delivery.

2. Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.

You may access your records have copies. This company will follow all laws, regulations, or rules regarding privacy including the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Data Practices, MN Statutes, chapter 13, and the Home and Community-Based Services Standards, MN Statutes, chapter 245D.

3. Be free from maltreatment.

You have the right to live without the fear of abuse, neglect, humiliation or financial exploitation. If any of these were to occur, this company has policies and procedures in place to help protect your ongoing safety and the safety of others.

4. Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subd. 5 or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in 245D.061 or successor provisions or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subd. 8 or successor provisions.

Staff are trained on positive support strategies and will assist you in minimizing risk to yourself or others in challenging situations. You have the right to be free from staff trying to control your behavior by physically holding you or using a restraint to keep you from moving, giving you medication you don’t want to take or that isn’t prescribed for you, or putting you in time out, seclusion, restrictive intervention; except if and when manual restraint is needed in an emergency to protect you or others from physical harm. Staff are also trained to not use prohibited procedures according to state law.

5. Receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site.

We value maintaining the service or program site in a clean and safe environment. If you have concerns regarding how the service site is maintained, please notify your staff who will take your concern seriously and will notify appropriate personnel.

6. Be treated with courtesy and respect and have access to and receive respectful treatment of the person’s property.

Staff will do all that they can to respect you as an individual and other aspects of your life including your property and access to your property. If you feel that you or your property are not being treated with courtesy and respect by the company, staff, or other individuals; please notify the staff.

7. Reasonable observance of cultural and ethnic practice and religion.

You have the right to observe and participate in activities of cultural and ethnic practice or religion of your choice.

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- 8. Be free from bias, prejudice, and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.**

You are a unique person and has the right to live, work, and engage in environments that are free of bias and harassment.
 - 9. Be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045.**

At any time, you may contact your legal representative, case manager, an advocate, or someone within the company if you are not satisfied with services being provided in order to make a formal complaint.
 - 10. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.**

Should you choose to voice a grievance, you will not be retaliated against. Please see the list of contact information for protection and advocacy agencies at the end of the *Policy and Procedure on Grievances*.
 - 11. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation.**

We will support you in actively asserting your rights. Your family, authorized representative, or legal representative also have the right to assert these for you and on your behalf without retaliation.
 - 12. Give or withhold written informed consent to participate in any research or experimental treatment.**

You have the right to know all terms and conditions regarding any type of research or experimental treatment and have those explained to you in a manner in which you understand. You may consult with your legal representative or other support team members before making a final informed consent or refusal.
 - 13. Associate with other persons of the person's choice, in the community.**

You may choose to spend time with others of your choice in the community and to have private visits with them. If someone wants to visit with you, you have the right to meet or refuse to meet with them.
 - 14. Personal privacy including the right to use the lock on the person's bedroom or unit door.**

You have the right to personal privacy to the level you choose including the opportunity to use a lock on your bedroom door or unit.
 - 15. Engage in chosen activities.**

You have the right to refuse or engage in the activities planned by you, your family, your support team, staff and other persons.
 - 16. The right to financial protection.**

You have the right to expect that staff will take care of any of your money or financial assets to which they have access or over which they have control in a way that is in your best interest.
 - 17. Access to the person's personal possessions at any time, including financial resources.**

You have the right to access your possessions and you may access your financial resources when you choose.
- For persons residing in a residential site licensed according to MN Statutes, chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:**
- 1. Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person.**

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You may use the phone on a daily basis and have private conversations. If you make long distance or collect calls, you will be expected to pay for those charges yourself. Because the company phone is used by others, please be considerate of the needs of others.

2. Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication.

No one other than yourself or someone you have given permission to may open and/or read your mail or e-mail/electronic correspondence. You may also send mail or e-mail/electronic correspondence without concern that your privacy will be violated.

3. Have use of and free access to common areas (including access to food at any time) in the residence that is physically accessible to the person and the freedom to come and go from the residence at will.

This company considers the residence you live in as your home and therefore you have use of and access to the common areas within the home that is physically accessible to you. Your bedroom remains your private area and is not considered a common area of the residence. Since common areas are shared, please be respectful of others and their use of the areas. As this is your home, you may come and go at will.

4. Choose the person's visitors and times of visits and have privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.

You have the right to privacy for visits with persons of your choice and may do so in the privacy of your own bedroom, including the time of the visits.

5. The freedom and support to control the person's daily schedule including access to food at any time.

This company encourages you to control your daily schedule based upon your preferences, wants and needs. This includes having the freedom and support to access food at any time.

6. The freedom to furnish and decorate the person's bedroom or living unit.

We understand that having a space that suits your preferences, wants and needs is important and the company will support you in decorating your bedroom or unit as you choose.

7. A setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin and insects.

The company knows that it is important to have a home that is clean and welcoming for you and we will do what we can to meet this requirement. Please contact us if you have question or concerns about the setting.

8. A setting that is free from hazards that threaten the person's health or safety.

Your health and safety is very important to us and we want to ensure that there are no hazards that could threaten that. Please contact us if you have question or concerns about the setting.

9. A setting that meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.

This company follows and will meet state and local requirements of a dwelling unit. Please contact us if you have question or concerns about the setting.

10. Have access to potable water and three nutritionally balanced meals and nutrition snacks between meals each day.

This company values your health and will provide you with access to drinkable water and nutritious meals and snacks.

CAN MY RIGHTS BE RESTRICTED? Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your *Support Plan* or *Support*

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Plan Addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

WHAT IS THE PROGRAM REQUIRED TO DO IF MY RIGHTS WILL BE RESTRICTED? Before this program may restrict your rights in any way, this program must document the following information:

1. the justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. the objective measures set as conditions for ending the restriction (meaning the program must clearly identify when everyone will know the restriction is no longer needed and is has to end);
3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semi-annually from the date of initial approval, at a minimum, or more frequently if requested by you, your legal representative if any, and case manager (meaning that at least every six months, more often if you want, the program must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. signed and dated approval for the restriction from you or your legal representative, if any.

CAN THE PROGRAM RESTRICT ALL OF MY RIGHTS? The program cannot restrict any right they choose. The only rights the program may restrict, after documenting the need, include:

1. your right to associate with other persons of your choice;
2. your right to have personal privacy; and
3. your right to engage in activities that you choose.

Residential programs may also restrict the following, after documenting the need:

4. your right to have daily, private access to and use of a non-coin operated telephone for local calls and long-distance calls made collect or paid for by you;
5. your right to receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication;
6. your right to have use of and free access to common areas in the residence; and
7. your right to privacy for visits with your spouse, next of kin, legal counsel, religious advisor, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in your bedroom

WHAT IF I DON'T GIVE MY APPROVAL? A restriction of your rights may be implemented only after you or your legal representative have given approval.

WHAT IF I WANT TO END MY APPROVAL? You may withdraw your approval of the restriction of your right at any time. If you want to withdraw your approval, the right must be immediately and fully restored.

Person served: _____ Date: _____

Legal representative: _____ Date: _____