

**RIGHTS OF PERSONS SERVED**

**Application and intent of these rights**

These rights apply to persons served in a program licensed under MN Statutes, chapter 245D. CHOICE, Inc. 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.

**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 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 any time. 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.

# CHOICE, Inc.

- 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*.

## **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 or 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, 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, not using prohibited procedures according to state law, and that you have the right to be free from coercion.

- 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 the service site, please notify your staff who will take your concern seriously and will notify appropriate personnel.

- 6. Be treated with courtesy and respect 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. 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.

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

You are a unique person and have the right to live, work, and engage in environments 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.

# CHOICE, Inc.

**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 (including 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 privacy to the level you choose including the use of a lock on your bedroom door or unit.

**15. Engage in chosen activities.**

You have the right to choose, refuse, or engage in the activities planned by you, your family, your support team, staff and other persons. You also can choose your services, schedule, and people with whom you spend time and if you want to work. Your provider may support you to work as agreed upon within your support plan.

**16. 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. You can control your own personal funds and authorize your provider to assist with management of those funds, as you desire.

I understand that only to protect my health, safety, and well-being can my rights be restricted. If they are or will be restricted, I have received an explanation of what the right restriction means and that the company must document and implement this restriction according to MN Statutes, chapter 245D. It has also been explained to me that the company will support me in getting my rights returned to me as soon as possible.  Yes  No

I have received a written notice identifying my rights.  Yes  No

These rights have been explained to me in a manner in which I understand.  Yes  No

\_\_\_\_\_  
Person served/legal representative

\_\_\_\_\_  
Date