

Rights of Persons Receiving Services Information Sheet

HOME AND COMMUNITY-BASED SERVICES



This packet is a review of your rights while you are receiving services and supports from this program. It also contains information on any necessary restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

When you sign the signature page you acknowledge you have received this information.

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.
3. That 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.
4. That I have been informed that 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.
5. 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
Phone: (651) 757-1800 or 1(800) 657-3506
Fax: (651) 797-1950
Website: www.ombudmhdd.state.mn.us

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

6. That I may choose my own advocate to help me exercise my rights for and with me.

By signing the accompanying combined signature page, I am agreeing that I have read and understand the information above.

This program is licensed under Minnesota Statutes, Chapter 245D. It must help you exercise and protect your rights identified in Minnesota Statutes, section [245D.04](#).

When receiving services and supports from this program name, I have the right to:

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences.
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule.
12. Be free from abuse, neglect or financial exploitation by the program or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Receive services in a clean environment, free from accumulated dirt, grease, garbage, peeling paint, mold, vermin, and insects.
15. Receive services in a safe location, free from hazards that threaten a person's health or safety.
16. Be treated with courtesy and respect and have my property treated with respect.
17. Be allowed to reasonably follow my cultural and ethnic practices and religion.
18. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.

19. Be told about and instructed on my ability to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
20. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
21. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
22. Give or not give written informed consent to take part in any research or experimental treatment.
23. If I am supported in a vocational program, the right to request and seek support for the type of employment of my choosing.
24. Choose my own friends and spend time with them.
25. Have personal privacy, including the right to use a lock on my bedroom door.
26. Take part in activities that I choose.
27. Have access to my personal possessions at any time, including financial resources.

RESIDENTIAL SERVICES AND SUPPORTS (meaning out-of-home crisis respite, supported living services, foster care services in a foster care home or a community residential setting) **MUST INCLUDE THESE ADDITIONAL RIGHTS:**

28. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
29. Receive and send mail and emails and not have them opened by anyone else unless I ask.
30. Use of and have free access to common areas (this includes the kitchen), have the freedom to come and go from the residence at will.
31. Choose my visitors and the time of visits, and visit alone with my spouse, family, legal counsel, religious guide, or others (as allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09), including visits in my bedroom. If my Coordinated Service and Support Plan (CSSP) says that I am unable to visit with others alone in my bedroom, my CSSP will say why and it will have a plan for me to be able to have visits alone with others in my bedroom. I will participate in developing this plan.
32. Have freedom and support to access food and potable water at any time.
33. Have freedom to decorate my room or living unit as I wish, within lease agreements.
34. Have a setting that meets the definition of "dwelling unit within a residential occupancy" as defined in the State Fire Code.

By signing the accompanying combined signature page, I am agreeing that I have read and understand the information above.