

CLIENT IDENTIFYING INFORMATION

NAME: _____ DOB: _____



Notice of Individual Rights

Clients are entitled to the full protection of the United States Constitution, the Constitution of the State of Illinois, and any other benefits or privileges guaranteed by law.

As a client of Little City Foundation’s In-Home and Family Services Program, your rights shall be protected in accordance with:

- Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5];
- The Mental Health and Developmental Disabilities Confidentiality Act;
- The federal Health Insurance Portability and Accountability Act of 1996;
- Part 132 Medicaid Community Mental Health Services Program, Section 132.30(c)

The following Rights are provided to you in written format and in your preferred method of communication.

Retention of Rights You maintain all of your legal and civil rights while receiving services.

Non-Discrimination You have a right to be treated fairly without regard to your sex, sexual orientation, gender expression, gender-identification, race, religion, ethnic background, handicapping condition, national origin, age, or financial standing. Disabilities will be accommodated as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].

Humane Care and Services Plan You have a right to adequate and humane care, services [mental health and support] in the least restrictive environment, and an individual service plan.

Abuse, Neglect, and Exploitation You have the right to be free from abuse, neglect, and exploitation. If you think someone has treated you badly or misused your resources, you should tell someone you trust so that the problem can be resolved. Any incidents of abuse, neglect, or exploitation shall be reported to the Inspector General of the Department of Human Services (1-800-368-1463), the Department of Children and Family Services (1-800-252-2873), the Department of Public Health (1-800-252-4343), or the Department of State Police for investigation.

Restraints The use of restraints is not permitted.

Seclusion The use of seclusion is not permitted.

Confidentiality Personal information about you and the services you receive is private and may be shared with someone else only if allowed by the Illinois Mental Health and Developmental Disabilities Confidentiality Act, and, if applicable, by the federal Health Insurance Portability and Accountability Act.

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Mail/Phone Calls/Visits You have the right to communicate with other people in private, without obstruction or censorship by the staff. Communication by these means may be reasonably restricted, but only to protect you or others from harm, harassment, or intimidation.

Property You have the right to receive, possess, and use personal property unless it is determined that certain items are harmful to you or others. When you stop receiving services from an agency, all lawful property must be returned to you.

Money You may use your money as you choose, unless you are prohibited from doing so under a court guardianship order.

Banking You may deposit your money at a bank or place it for safekeeping with the service provider. If the service provider deposits your money, any interest earned will be yours. Neither this service provider nor any of its employees may act as payee to receive any assistance directed to you, including Social Security and pension, annuity, or trust fund payments without your informed consent.

Benefits You have the right to contact the Department of Healthcare & Family Services (HFS) or its designee and to be informed by HFS or its designee of your healthcare benefit.

Labor You must be paid for work you are asked to perform which benefits the service provider; however, you may be required to do personal housekeeping chores without being paid.

Refusing Services You or your guardian (on your behalf) have the right to refuse services. In general when services are refused, they will not be given to you. However, they may be provided even if you refuse if there is a medical or other emergency, or if a judge orders it.

Medication You have the right to refuse medication and be informed of any consequences related to service delivery should you refuse medication. You have the right to be notified, in writing, of the side effects of medication if your service includes the administration of psychotropic medication.

Medical or Dental Services Except in an emergency, no medical or dental services will be provided to you without the informed consent of you or your guardian. You have the right to purchase and use the services of private physicians and other professionals of your choice. Your choice shall be documented in the service plan.

Service Planning You have the right to participate in the development and review of your own individualized service/treatment plan. You have a right to receive services in accordance with your individualized service/treatment plan. You have the right to have your service/treatment plan reviewed periodically, but at least every six months.

Meetings You have a right to participate in any team meeting about you.

Discharge You have a right to continue to receive services unless you voluntarily withdraw or you meet the criteria for discharge from the services. You have the right to terminate services at any time.

Grievances You have a right to express grievances in writing to the Chief Program Officer of Little City's In-Home and Family Services and subsequently to the Executive Director. The grievance process will be explained to you. A record of grievances and response to grievances will be maintained. The Executive Director's decision on the grievance shall constitute a final administrative decision. Some decisions by the agency (denial, reduction, suspension, termination of services) are appealable to the Department of Human Services (DHS) and to the Department of Healthcare and Family Services (HFS). You have the right to contact the public payer or its

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designee and be informed of the public payer’s process for reviewing grievances. You have the right to contact HFS or its designee and be informed by HFS or its designee of the process for reviewing grievances.

Clinical Record You have a right to look at your clinical record and other information about you.

Right to Information about the Service Provider You have the right to know if the service provider is not meeting quality standards and to look at written survey reports describing the quality of the services.

Exercising Your Rights You shall not be denied, suspended from, or terminated from services or have services reduced for filing a grievance or for exercising any of your rights.

Restriction of Rights If your rights are restricted, the person who is responsible for your services must tell you, your parents if you are under eighteen, and your guardian if one has been appointed. In addition, the service provider must tell all persons or agencies that you choose to have told about the restriction. Justification for any restriction of your individual rights shall be documented in your individual record. Documentation shall include a plan with measurable objectives for restoring your rights that is signed by you, and if you are under eighteen, your parent or guardian, the QMHP and the LPHA. In addition, you, your parent or guardian, and any agency or other person that has been informed of the restriction, shall be given a copy of the plan to remove the restriction of rights.

Reporting You have a right to report any infringements of your rights to the human rights committee at Little City Foundation, the Individual Service and Support Advocacy agencies (ISSA), the Department of Human Services, the Illinois Guardianship and Advocacy Commission, or to Equip for Equality. You also have the right to report any abuse or neglect to the Office of the Inspector General, to the Department of Children and Family Services, or to the Department of Public Health. Little City Foundation staff shall offer you any assistance you require in contacting the appropriate group.

Guardianship and Advocacy Commission
State of Illinois Building
160 North LaSalle, Suite S-500
Chicago, IL 60601
(312) 793-5900

Office of Inspector General
901 Southwind Road
Springfield, IL 62703
(800) 368-1463

Department of Children and Family Services
406 East Monroe Street
Springfield, IL 62701-1498
(800) 252-2873

DHS Division of Developmental Disabilities
James R Thompson Center, Room 6-400
100 West Randolph
Chicago, IL 60601
(312) 814-2735

Equip for Equality
20 North Michigan Avenue, Suite 300
Chicago, IL 60602
(800) 537-2632
(312) 341-0022

Department of Public Health
535 West Jefferson Street
Springfield, IL 62761
(800) 252-4343

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ACKNOWLEDGMENT OF INDIVIDUAL RIGHTS

My signature below indicates that these rights have been explained to me in a language or method of communication I understand; that any questions about these rights have been answered; and that I have received a copy of these rights.

- Copy received, date: _____
- Copy denied, date: _____

Client Signature (if over 12)

Date

If the client is unable to sign, list the reason(s) why and the methods used to communicate the rights to the individual:

My signature below indicates that I have received a copy of these rights, and that any questions about these rights have been answered.

Guardian Signature (for clients under 18)

Date

As staff member of this provider organization, I affirm that I have explained these rights to the client in a language or method of communication s/he understands and believe these rights to have been understood.

Staff Signature

Date