

CLIENT NAME:

DOB:



Notice Of Individual Rights

Community-Based Clinical Services

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's Community-Based Clinical Services**, 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 (HIPAA);**
- **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 the right to be treated fairly and with dignity regardless of sex, sexual orientation, gender identity, gender expression, race, religion, ethnicity, national origin, disability status, age, or financial standing. Disabilities will be accommodated as required by the **Americans with Disabilities Act (ADA)**, **Section 504 of the Rehabilitation Act**, and the **Illinois Human Rights Act [775 ILCS 5]**.

Right to Humane and Respectful Services

You have the right to receive **adequate, humane, and respectful care** in a manner that is **least restrictive** and consistent with your goals for coaching and family reunification.

Freedom from Abuse, Neglect, and Exploitation

You have the right to be free from **physical, emotional, sexual, or financial abuse, neglect, or exploitation**. If you believe someone has mistreated you or misused your resources, you should report the issue immediately. Any suspected abuse, neglect, or exploitation shall be reported to the appropriate authorities, including:

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- **Illinois Department of Human Services Office of Inspector General (1-800-368-1463)**
- **Illinois Department of Children and Family Services (1-800-252-2873)**
- **Illinois Department of Public Health (1-800-252-4343)**

Confidentiality

Personal information about you and the services you receive is private and protected under **Illinois law (Mental Health and Developmental Disabilities Confidentiality Act) and HIPAA**. Information may only be shared with others if:

- You provide **written consent**;
- A **court order** requires disclosure;
- There is a **serious threat to your safety or the safety of others**;
- There is **suspected abuse or neglect of a child, elder, or disabled person**, which must be reported by law.

Right to Communicate

You have the right to communicate privately with others through **mail, phone, or in-person visits** without obstruction or censorship. Communication may only be restricted in rare cases for safety reasons, such as preventing harm, harassment, or intimidation.

Right to Personal Property

You have the right to **possess and use personal property**, except when certain items pose a risk to your safety or the safety of others.

Right to Manage Personal Finances

You may **manage and use your money as you choose**, unless restricted by a court order.

Right to Refuse Services

You have the right to **refuse clinical services**, except when services are **court-ordered**. Refusal to participate in court-mandated services may have legal consequences. If you choose to refuse services, you have the right to be informed of any potential risks or consequences of that decision.

Right to Medical or Dental Services

Except in emergencies, **no medical or dental services will be provided without your informed consent**. You have the right to choose and use **private physicians or healthcare professionals** of your choice.

Right to Participate in Service Planning

You have the right to participate in the **development, review, and modification of your individualized treatment plan**. Your plan will be reviewed periodically, at least every six months.

Right to a Grievance Process

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If you have concerns about services, you have the right to file a **grievance** in writing with the **Chief Program Officer of Little City's Community-Based Clinical Services**. If unresolved, you may escalate the grievance to the **Chief Executive Officer**. The grievance process will be explained to you, and a record of grievances will be maintained.

Certain decisions made by Little City Foundation (e.g., denial, reduction, suspension, or termination of services) are **appealable** to:

- **Illinois Department of Human Services (DHS)**
- **Illinois Department of Healthcare and Family Services (HFS)**

You also have the right to contact public agencies that oversee service complaints, including:

- **Illinois Guardianship and Advocacy Commission** – (312) 793-5900
- **Equip for Equality (Disability Rights Organization)** – (800) 537-2632
- **Illinois Department of Public Health** – (800) 252-4343
- **Illinois Office of Inspector General** – (800) 368-1463

Right to Access Your Clinical Record

You have the right to review your **clinical record and other information about your services**. Requests for access must be made in writing. In some cases, access may be restricted if disclosure could result in harm to you or others.

Right to Information About Little City

You have the right to know whether **Little City** is meeting quality standards and may review written reports describing the quality of services.

Right to Report Violations of Rights

If you believe your rights have been violated, you have the right to report concerns to:

- **Illinois Department of Human Services** – (312) 814-2735
- **Illinois Department of Public Health** – (800) 252-4343
- **Illinois Office of Inspector General** – (800) 368-1463
- **Equip for Equality** – (800) 537-2632

Exercising Your Rights Without Retaliation

You cannot be denied services, suspended, or terminated from the Community-Based Clinical Services program **for filing a grievance or exercising any of your rights**.

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ACKNOWLEDGMENT OF INDIVIDUAL RIGHTS

By signing below, you confirm that:

- These rights have been **explained to you** in a language or method of communication you understand.
- You have had the opportunity to **ask questions** about your rights.
- You have received a **copy of this notice**.

Client Signature (for clients 12+)

Date

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 a staff member of Little City, I affirm that I have explained these rights to the client in a language or method of communication they understand, and I believe these rights have been understood.

Clinical Staff Signature

Date