

Cornucopia Adult & Family Services

STATEMENT OF CLIENT RIGHTS AND RESPONSIBILITIES

Cornucopia Adult and Family Services believes that every participant has the same rights as all other human beings and those rights should be provided, protected, and promoted to the fullest of our ability. In addition, as a participant of Cornucopia, you also hold certain responsibilities. The following document is to ensure that you understand those rights and responsibilities.

YOU HAVE THE RIGHT TO:

1. Be fully informed of services available to you and are entitled to participate in the development of the Plan of Care/Individual Service Plan.

This means: That you have the right to know anything about this organization and services that it provides. Also you have a right to fully participate in your plan for care.



2. Choose providers and case management agencies. Once services have begun, service providers may be changed, if needed.

This means: You have the right to choose, or change, your care providers and case management services at any time.



3. All participants have the right to have their information kept confidential. There will not be a release of medical, psychological, or therapeutic information to persons not involved in your care, without your consent. **PLEASE REFER TO CORNUCOPIA'S NOTICE OF PRIVACY PRACTICES.**

This means: That your information is kept in a secure place and that no one can see it unless you give them permission.



4. All participants have the right to be free from verbal, physical, sexual, psychological, abuse or neglect, and be treated with compassion at all times.

This means: You have the right to tell someone if you are being treated in ways that you don't like or feel comfortable with.



5. *All participants have the right to access programs and services that are available regardless of race, color, religion, gender, age, national origin, disability, marital status or sexual orientation.

This means: That you are welcome here no matter who you are or what you believe.



6. All participants have a right to be free from exploitation, threats and humiliation. Participants have the right to be treated with consideration, respect and full recognition of their dignity and individuality, including privacy in treatment and in care for his/her personal needs.

This means: That people cannot treat you mean or take things from you without your permission. You should always be treated with the respect you deserve.



7. All participants have a right to prompt attention. When unavailable to receive your call, service coordinators shall return calls as soon as possible.

This means: Staff are always here to listen and help with all your questions or concerns at anytime.



8. All participants have a right to refuse services at anytime; however, failure to utilize services may result in closure of your case.

This means: You do NOT have to do anything you do NOT want to do.



9. All participants have a right to appeal any decision made regarding eligibility, service delivery, and termination of services.

This means: You can disagree with any decisions made about your services.



10. All participants have the right to communicate in one's native language with other individuals or employees for the purpose of acquiring or providing any type of information, treatment, care, services, etc.

This means: That someone here will be able to speak to you in the language that you understand, such as English or Spanish.



11. All participants have a right to voice grievances without fear of reprisal. The client grievance procedure is outlined to the client in a separate document.

This means: That if you tell someone something is bothering you. If someone gets in trouble for hurting you or your feelings, they shouldn't be mean to you. If someone is mean to you, you have the right to tell someone about it.



12. All participants have to right to receive services regardless of any criminal history.

This means: That even though you may have had a criminal record you can still receive services.



YOUR RESPONSIBILITIES ARE:

1. All clients must show consideration and respect to persons involved with their care, facilitate the same considerations from family, friends in their homes, and to ensure, to the extent possible, that their behaviors or the behaviors of their family, friends do not jeopardize the safety of the providers. Neither physical nor verbal abuse will be tolerated at any point.

This means: Just like you, people that work with you should be treated nicely. Treat others how you want to be treated.



2. All clients must cooperate with their case manager, physician, provider agencies, and Plan of Care/Individual Service Plan.

This means: To the best of your ability, follow through with the things we put together in you plans and discuss at your meetings. Work on your goals which are made to help you reach your dreams, and work with your therapists to help you succeed.



3. All clients must obtain necessary information (i.e. income verification, medical information) in order to process their application for services and continue service eligibility. All clients must notify their case manager regarding any of the following:
- change in address, telephone number or living arrangements
 - changes in income, insurance, finances
 - change in scheduled hours of services or periods of time services will not be used
 - changes in support provided by persons included in the Plan of Care/Individual Service Plan
 - changes in physicians, therapists, medical suppliers
 - any services being received from another agency, including respite services
 - hospitalization/nursing home admissions, including admission for testing and/or drug studies

This means: Turn in all the paperwork that is requested of you and report any changes that occur so that your file remains complete.



4. All clients must be available to meet with their case manager at designated times, or to notify their case manager if unable to do so. Monthly face to face visits with the client are necessary unless otherwise noted in the client's Individual Service Plan.

This means: Try to keep all you appointments with your service providers, they are working to make sure you are getting the best possible care.



5. All clients must refrain from engaging in illegal activity which might jeopardize themselves or those providing their care. **ALL CLIENTS ARE REQUIRED TO DISCLOSE ANY INFORMATION REGARDING ANY CRIMINAL HISTORY OR CURRENT CRIMINAL JUSTICE SITUATION.** Please note that **this information will be part of you client records and may be reviewed annually.**

This means: Illegal activity is NOT allowed and you must tell us about any criminal situation you are currently in or have had in the past.



NEGLECTING THESE RESPONSIBILITIES MAY RESULT IN CLOSURE OF YOUR CASE. CASE MANAGERS MAY ALSO CALL A GRIEVANCE MEETING IF THE CLIENT AND/OR LEGAL REPRESENTATIVE IS NOT FOLLOWING THE ABOVE RESPONSIBILITIES.

CONCERN ABOUT ANY OF THESE ISSUES SHOULD BE RAISED TO THE CLIENTS' PROGRAM MANAGER OR IN A GRIEVANCE PROCESS. No Client shall be subject to retaliation or barriers to services as a result of filing a complaint or grievance.

I, _____ (print name), acknowledge that I understand and have read and/or discussed the Client Rights & Responsibilities Policy with staff. I was also given an opportunity to ask questions and was offered a copy of the associated policies and procedures for future reference.

THESE RIGHTS AND RESPONSIBILITIES WILL BE REVIEWED WITH YOU EACH YEAR OR AS THEY ARE UPDATED OR REVISED.

THIS DOCUMENT IS VALID FROM _____ UNTIL _____.

Participant Name

Participant/Caregiver/Guardian Signature

Date: _____

Cornucopia Staff (Witness) Signature

Date: _____