

Polk County
Community Developmental Disability Program
Notice of Individual Rights & Responsibilities

Thank you for requesting/participating in Service Coordination/Case Management services from our program. As an individual who receives services from our program, we must inform you that you have the following rights:

STATUTORY RIGHTS

1. **A humane service environment.** Per ORS 430.210(h), your services must be provided in a humane service environment that affords reasonable protection from harm, reasonable privacy and daily access to fresh air and the outdoors, unless that access creates a significant risk of harm to you or others.
2. **To be informed of your rights.** Per ORS 430.210(n), you have the right to be informed at the start of services and periodically thereafter of the rights guaranteed by this statute and the procedures for reporting abuse, and to have these rights and procedures, including the name, address and telephone number of the system described in ORS 192.517 (1), prominently posted in a location readily accessible to you and made available to your guardian and/or any other representative you designate.

ADMINISTRATIVE RULE RIGHTS

1. **Access to services.** Per OAR 411-320-0040(1)(a) – You cannot be denied services based on your race, color, creed, sex, national origin or duration of residence. In addition, you cannot be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from federal financial assistance on the basis of your disability.
2. **Civil rights.** Per OAR 411-320-0060(1) - You maintain all the same statutory and constitutional rights that are afforded all citizens, including but not limited to: the right to vote, marry, have or not have children, own and dispose of property, enter into contracts and execute documents unless specifically prohibited by law in the case of children under 18 years of age, or restricted due to other court order (ie: guardianship, conservatorship, etc).
3. **Additional Service Rights.** Per OAR 411-320-0060(2)(a – g) – As a recipient of our program services, you also have the following rights:
 - **Protections and well being.** You have a right to a humane service environment that affords reasonable protection from harm and affords reasonable privacy. This includes provisions ensuring that you:
 - Must not be abused or neglected, nor will abuse or neglect of you be tolerated by any employee, staff or volunteer of the program;

- Are free to report any incident of abuse without being subject to retaliation;
 - Have the freedom to choose whether or not to participate in religious activity and for children, according to parent or guardian preference;
 - Have contact and visits with family members, friends, advocates, (except where prohibited by court order), and visits with legal and medical professionals;
 - Have access to and communicate privately with any public or private rights protection program, rights advocate, Services Coordinator, or CDDP representative;
 - Be free from unauthorized mechanical restraint or physical restraint; and must not be subject to any chemical restraint and assured that medication is administered only for your individual clinical needs as prescribed by a physician.
- **Choice.** You have the right to choose from available services that are appropriate and consistent with your services plan. Services will promote independence, dignity and self-esteem and reflect your age and preferences. Services must be provided in a setting and under conditions that are least restrictive to your liberty, that are least intrusive to you, and that provide for decision-making and control of your personal affairs appropriate to your age.
 - **A plan.** You have the right to have a written and individualized service plan, have your services delivered according to the plan, with periodic review and reassessment of your service needs.
 - **Participation.** You have the right to have an ongoing opportunity to participate in the planning of your services in a manner appropriate to your capabilities, and the right to be provided with a reasonable explanation of all service considerations.
 - **Informed consent.** You have the right to have informed voluntary written consent prior to receiving services, except in a medical emergency or as otherwise permitted by law.
 - **Written prior consent for experimental programs.** You have the right to have informed voluntary written consent prior to participating in any experimental programs.
 - **Notice and grievances.** You have the right to have prior notice of any involuntary termination from or transfer of services and notification of available sources of necessary continued services, and exercise of a grievance procedure.
 - **Compensation.** You have the right to reasonable and lawful compensation for performance of labor, except personal housekeeping duties.

- **Due process in civil commitment.** You have the right to exercise all rights set forth in ORS 426.385 and ORS 427.031 if you should be civilly committed to the Department.
- **Be informed.** You have the right to be informed of your rights at the start of your services and periodically thereafter.
- **Grievance.** You have the right to be informed of and have the opportunity to assert grievances if you believe any of these rights have not been honored, including the right to have your grievance(s) considered in a fair, timely and impartial grievance procedure.
- **Free from reprisal.** You have the right to freely exercise all rights described in this section without any form of reprisal or punishment.
- **Reconnection with family members.** You have the right to be informed that a family member has contacted the Department requesting to locate you, and to be informed of the name and contact information, if known, of the family member.

MANDATORY SERVICES REQUIRED

In addition to the above stated rights, per OAR 411-320-0100(4) as a recipient of DHS/SPD funded Developmental Disability Services, you are required to accept the following mandatory services:

1. Case Management services;
2. Protective Service investigations;
3. Services Coordinator presence at Department-funded program entry, exit, or transfer meetings, and monitoring of provider program(s);
4. Services Coordinator or Support Specialist access to individual files.

My signature below indicates that I have had my rights and mandatory services explained to me, and have been provided a copy of this information.

Individual/Legal Guardian Signature

Date

CDDP Representative

Date