

Recipient Rights



Person's name:

Date services were started/Admission Date: _____

Annual date (when rights were provided): _____

This packet contains information regarding your rights while receiving services and supports from Living Well, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

- I received the following information within five working days of when I started to receive services (or after my first planning meeting following the implementation of 245D) and every year after that.
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 Living Well must help me exercise my rights and help protect my rights.
 3. Information about the Vulnerable Adults Maltreatment Reporting Policy.

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.

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 Living Well must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights? Yes (if yes, see rights restriction document) No

I understand 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 or (651) 296-1021
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/>

I want _____(authorized representative/ legal representative/ family member) to help me exercise my rights. Living Well has this person's contact information in my record.

By signing this document, I am agreeing that I have read and understand the boxes I checked above.

Self-Guardian or Legal representative

Date

SERVICE RECIPIENT RIGHTS for License Holders providing Residential Services and Customized Services.

Living Well 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 Living Well, I have the right to:

1. 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.
2. Receive and send mail and emails and not have them opened by anyone else unless I ask.
3. Use of and have free access to common areas in the residences and the freedom to come and go from the residence at will.
4. Have privacy for visits with my spouse, next of kin, legal counsel, religious adviser, or others, according to section 363A.09 of the Human Rights Act, including privacy in the resident's bedroom.
5. Keep, use, and access my personal clothing and possessions as space permits, unless this right infringes on the health, safety, or rights of another resident or household member, including the right to access my personal possessions and financial resources at any time.
6. Choose my visitors and time of visits and participate in activities of commercial, religious, political, and community groups without interference if the activities do not infringe on the rights of another resident or household member.
7. If married, privacy for visits by my spouse, and, if both spouses are residents of the same home, we have the right to share a bedroom and bed.
8. Have personal privacy, including the right to use a lock on my bedroom door.
9. Have services and supports provided to me in a way that respects me and considers my preferences (including personal items in my bedroom).
10. My privacy must be respected by Living Well, caregivers, household members, and volunteers by knocking on the door of my bedroom or bathroom and seeking consent before entering, except in an emergency.
11. Freedom to furnish and decorate my bedroom or living unit.
12. Engage in chosen activities and have an individual schedule supported by Living Well that meets my preferences.
13. Freedom and support to access food at any time.
14. Have personal, financial, service, health, and medical information kept private, and be notified if these records have been shared.
15. 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.
16. Be free from maltreatment, neglect or financial exploitation by the program or its staff.
17. Be treated with dignity, courtesy and respect and receive respectful treatment of my property.
18. Reasonable observance of cultural and ethnic practices and religion.
19. Be free from bias, prejudice and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.
20. Be informed of and use Living Well's grievance policy and procedures, including how to contact the highest level of authority in the program for help and how to file a social services appeal under the law.
21. Assert my rights on my own or have a family member or another person help me exercise my rights, without retaliation from Living Well.
22. Give or withhold written informed consent to take part in any research or experimental treatment.
23. Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subdivision 5, or successor provisions, except for: (i) emergency use of manual restraint to protect me from imminent danger to self or others according to the requirements in section 245D.061 or successor provisions; or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subdivision 8, or successor provisions.

24. Receive services in a clean and safe environment when the Living Well is the owner, lessor, or tenant of the service site.
25. Be treated with courtesy and respect, have access to and respectful treatment of my personal possessions at any time.
26. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.
27. Choose my own friends and spend time with them.
28. Live in a setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin, and insects.
29. Live in a setting that is free from hazards that threaten my health or safety.
30. Live in a setting that meets state and local building and zoning definitions of a dwelling unit in a residential occupancy; and have access to potable water and three nutritionally balanced meals and nutritious snacks between meals each day.
31. Take part in planning and evaluating the services that will be provided to me.
32. Refuse or stop services and be informed about what will happen if I refuse or stop services.
33. Know, before I start to receive services from Living Well, if Living Well has the skills and ability to meet my need for services and supports.
34. Know the conditions and terms governing the provision of services, including Living Well's admission criteria and policies and procedures related to temporary service suspension and service termination.
35. Have Living Well help coordinate my care if I transfer to another provider to ensure continuity of care.
36. Know what services Living Well provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
37. 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.
38. To have staff that is trained and qualified to meet my needs and support.
39. 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.
40. 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.
41. Furnish and decorate my bedroom as desired, including choosing decorations, linens, and furniture that are within my budget. My personal items (pictures, books, and sports team memorabilia) are displayed according to my personal choice in my bedroom.
42. Resources, opportunities and supports to help explore, access, and engage in community life.
43. Retain the use and availability of my personal funds and property unless restrictions are justified and documented.
44. Be provided with opportunities to gain experience in making choices, which include the appropriate balance between autonomy and safety.
45. Have the right to live in a home that is physically accessible to you without gates or barriers to rooms. You have the right to know how to request an accommodation such as a grab bar, adaptive equipment, ramps, etc.
46. Support people who would like to work.
47. Support for work including access to day services and activities during times that complement your work schedule.
48. Support to have individual initiative, autonomy, and independence in making life choices.
49. A restriction of my rights under paragraph (b), clauses (1) to (4), (6), (8), (10), and (11), is allowed only if determined necessary to ensure my health, safety, and well-being. Any restriction of my rights must be documented and justified in my individual abuse prevention plan required by sections 245A.65, subdivision 2, paragraph (b) and 626.557, subdivision 14. If I am served under section 256B.0915, the

case manager must be part of the interdisciplinary team under section 245A.65, subdivision 2, paragraph (b). The restriction must be implemented in the least restrictive manner necessary to protect me and provide support to reduce or eliminate the need for the restriction.

50. Restriction of my rights under paragraph (a), clauses (13) to (15) (16), or paragraph (b) is allowed only if determined necessary to ensure my health, safety, and well-being. Any restriction of those rights must be documented in my coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect me and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner. The documentation must include the following information:
 - the justification for the restriction based on an assessment of my vulnerability related to exercising the right without restriction; the objective measures set as conditions for ending the restriction;
 - schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by me, my legal representative, if any, and case manager; and signed and dated approval for the restriction from me, or my legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the right must be immediately and fully restored.