Options & Advocacy

Your Rights and Responsibilities

As a client who receives services from Options & Advocacy, you have both rights and responsibilities—no matter which program(s) you receive services from. They are:

Retention of Rights

Your Right: You, your family member or guardian maintain all of your legal and civil rights while receiving services.

***Your Responsibility*:** *You are responsible to learn about your rights. Ask your agency provider, a family member, guardian, etc. to assist you in learning your rights.*

Request a Different Agency Provider*

Your Right: You, your family member or guardian, have the right to request a different agency provider if you are uncomfortable with the person assigned to you.

Dependent upon the availability and funding for alternate agency providers

***Your Responsibility*:** *You are responsible for addressing any concerns with your agency provider. If you are unable to resolve your concerns, or are uncomfortable doing this, you may choose to contact the Program Manager (815-477-4720).*

Refusal of Services

Your Right: You, your family member or guardian, have the right to refuse the services presented to you by your agency provider.

***Your Responsibility*:** You *are responsible for your decision to refuse the services presented to you, and the consequences that may occur.*

Discharge

Your Right: You have a right to continue to receive services unless you, your family member or guardian voluntarily withdraw from a program, or you meet the criteria for discharge from a program. You have the right to stop services at any time.

***Your Responsibility*:** *If you choose to leave any Options & Advocacy program, you have the right to do so. However, you are responsible for giving notice before withdrawal and payment of any fees incurred.*

Non-Discrimination

Your Right: You, your family member or guardian have a right to be treated fairly without regard to gender, race, religion, ethnic background, education, disability, national origin, age, marital status, veteran status, sexual orientation, legal status, or financial standing.

***Your Responsibility*:** *You, your family member or guardian are responsible to communicate to your agency provider or Program Manager if you feel you have been discriminated against. Formal grievances can be submitted to the Executive Director in writing via the Options & Advocacy website/About Us tab/additional policies/client grievance form*

Abuse, Humiliation,

Your Right: You have the right to be free from abuse, humiliation, neglect,

Neglect or Financial or other Exploitation

and financial or other exploitation.

Your Responsibility**:** *You have the right to be treated with dignity and respect. You should never tolerate anything less than responsive and respectful support from your family member(s), service provider(s) or Options & Advocacy staff.*

If at any time you feel you are not being treated with respect, you should notify your service coordinator, or the program manager. You, your family member or guardian are responsible for communicating with your agency provider if you feel you have been discriminated against. Formal grievances can be submitted in writing via the Options & Advocacy website/About Us tab/additional policies/client grievance form

Mandated Reporting

Your Right: You have the right to be informed that all staff at Options & Advocacy are mandated reporters. They are required to report on any situation where there may be an indication of clear and imminent danger to a client or others.

Your Responsibility –*. To understand that when a suspicion of abuse or neglect needs to be reported your confidentiality is no longer required to be maintained. Agency providers are allowed to share PHI without legal consequence.*

Service Planning

Your Right: You, your family member or guardian have a right to participate in the development and updates of your own individualized service/treatment plan. You will be informed of assessment results, presented support and service/therapeutic choices. Provided with your consent, your family member or guardian may assist you in decision making for the development and/or revisions to your service/treatment plan. This plan will reflect the service choices you have made.

Your Responsibility: It *is important that you be an active participant in all meetings regarding your service/treatment plan. You, your family member or guardian are responsible for expressing your needs and desires as the service/treatment plan is developed. You are responsible for making your needs and choices known.*

Fees For Services

Your Right: You have a right to be advised of any payment for services required before the initiation of services.

Your Responsibility – *You are responsible for the payment of any fee related to services provided.*

Accessing Your Client File

Your Right: You have a right to look at your client file

Your Responsibility – *You are responsible is to submit a Right to Access Request Form. This form may be obtained from your agency provider or can be found on the agency website: About Us Tab/Additional Policies and Documents*

Language

Your Right: You have a right to have services and materials provided in your

Accommodation	preferred language by an agency provider or interpreter. ***Your Responsibility –*** *You are responsible for requesting any accommodation needed.*
Grievances	**Your Right:** You have a right to express grievances regarding treatment and services and not be subjected to discrimination or reprisal for doing so. *See the Grievance Procedure Form that is attached.* ***Your Responsibility*****:** *You are responsible for communicating your complaints in an appropriate manner. Formal grievances can be submitted in writing via the Options & Advocacy website/About Us tab/additional policies/client grievance form*

ADDITIONAL RIGHTS:

Confidentiality	**Your Right:** Personal information about you and the services you receive is private and may be shared with someone else only as allowed by the Illinois Mental Health Code and Developmental Disabilities Confidentiality Act.
Right to Information about Options & Advocacy	You have the right to review the Options & Advocacy agency report which can be found on the About Us Tab at www.optionsandadvocacy.org
Exercising Your Rights	**Your Right:** You may not be denied, suspended, or terminated from services, or have services reduced, for filing grievance or for exercising any of your rights.

.

Options & Advocacy
CLIENT GRIEVANCE PROCEDURE FORM

Everyone receiving services from Options & Advocacy has the right to file grievance and to receive an appropriate response in a timely manner without fear of a negative impact on their services.

If you have grievance, the first step is to talk with your agency provider. If you are uncomfortable doing this, you may choose to speak with their Program Manager (815-477-4720). If there is no resolution, the next step is to put your grievance into writing, directed at the Executive Director.

No action being appealed will be implemented during the grievance process. All grievances must have a final administrative decision.

1. The Executive Director will respond to the grievance in writing within 5 working days.

2. If the client, their guardian or family member, do not agree with the response, they can forward the grievance letter, and the response to the President of Options & Advocacy's Board of Directors.

3. The Board of Directors will review the grievance letter and reach a decision at their next regularly scheduled meeting. The Board President will notify the client and/or their guardian/family member of that decision, in writing within 10 days of the Board Meeting. The decision reached by the Board of Directors shall prevail.

I have read this statement of rights and grievance procedures, or it has been read and explained to me, and I have been given an opportunity to ask any questions I may have regarding my rights or the grievance procedure. I understand my rights and have received a copy of this rights statement.

_____	_____
Client Signature	Date
_____	_____
Parent/Guardian/Surrogate Signature	Date
_____	_____
Guardian Signature	Date
_____	_____
Witness	Date