



IDD PARTICIPANT RIGHTS

The participant rights as recognized by providers of services shall include:

1. The rights to receive conflict free services and supports that are person-centered. **You have the right to choose services from all available providers in your area.**
2. The right to an available description of the rights and means by which the rights can be exercised and supported including the right to:
 - a) Live and work in an integrated setting;
 - b) Time, space, and opportunity for personal privacy;
 - c) Communicate, associate, and meet privately with the person of choice;
 - d) Send and receive unopened mail;
 - e) Retain and use personal possessions including clothing and personal articles;
 - f) Private, accessible use of a telephone or cell phone;
 - g) Access accurate and easy-to-read information;
 - h) Be treated with dignity and respect and to maintain ones dignity and individuality;
 - i) Voice grievances and complaints regarding services and supports that are furnished without fear of retaliation, discrimination, coercion, or reprisal;
 - j) Choose among service providers;
 - k) Accept or refuse services;
 - l) Be informed of and participate in preparing the person-centered service plan and any changes in the person-centered service plan

You have the right to ask questions and get further information on your rights.

3. The right to be advised in advance of the:
 - a. Provider or providers who will furnish services; and
 - b. Frequency and duration of services;

You have the right to know the names of the caregivers who will work with you in your home and in the community, and when they will meet with you.

4. The right to confidential treatment of all information, including information in the participant's records. **You have the right to choose who knows about your care.**
5. The right to receive services in accordance with the current person-centered service plan. **You have the right to get the services you need and want.**
6. The right to be informed of the name, business, telephone number, and business address of the person supervising the services and how to contact the person. **You have the right to know who to talk to about your services or caregivers.**
7. The right to have the participant's property and residence treated with respect. **You have the right to know your personal things and space will be treated with care.**

8. The right to be fully informed of any cost sharing liability and the consequences if any cost sharing is not paid. **You have the right to know if you have to pay money for any of your services and what will happen if you don't pay.**

9. The right to review the participants records upon request. **You have the right to see what your caregivers have written about your services.**

10. The right to receive adequate and appropriate services without discrimination. **You have the right to fair and equal services.**

11. The right to be free from and educated on mental, verbal, sexual, and physical abuse, neglect, exploitation, isolation, and corporal or unusual punishment, including interference with daily functions of living. **You have the right to be safe and free from harm.**

12. The right to be free from mechanical, chemical, or physical restraints. **You have the right to not be physically held or controlled against your will.**

13. The right to have an appeals system that includes an external mechanism for review of complaints. **You have the right to know what to do if you are unhappy with your caregiver or services.**

14. The right to have access to participate in the local human rights committee (HRC). **You have the right to be a member of the human rights committee.**

15. The right to have access to participate in the local behavior intervention committee (BIC). **You have the right to be a member of the behavior intervention committee.**

I acknowledge that the above Rights have been reviewed and explained to me and that I understand these rights.

Participant Signature: _____ Date: _____

Guardian: I acknowledge that the above Rights have been reviewed and explained to me and that I understand these rights.

Guardian Signature: _____ Date: _____

NorthKey Staff: I affirm the above Rights were reviewed with the Participant and Guardian as applicable.

NorthKey Staff Signature: _____ Date: _____