

CLIENT/ FAMILY RIGHTS

I understand and acknowledge that the Volunteers of America MN and WI Program (hereafter The Program) has explained that each client/ family (hereafter Client) has rights. These rights included being free from discrimination based on age, race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance, psychological well-being, handicap, or number of prior intakes at The Program.

Photographs, audio, or video recordings: Every Client has the right to be informed prior to a photograph or audio or video recording being made of the Client. The Client has the right to refuse to allow any recording or photograph of the Client that is not for the purposes of identification or supervision by the license holder.

Please click the link to review Volunteers of America of MN & WI's [Statement of Nondiscrimination in Health Programs and Activities | Affordable Care Act - Section 1557](#)

HEALTHCARE BILL OF RIGHTS

Below is the complete Healthcare Bill of Rights. Some of the rights list below may not be applicable based on the services you are receiving. I understand that I have the following rights:

1. Information about rights: Every Client has client rights that protects them and The Program must tell Clients about their rights.
2. Courteous treatment: Every Client has the right to considerate and respectful care.
3. Appropriate health care: Every Client has the right to appropriate medical and personal care based on individual needs.
4. Provider's identity: Every Client has the right to know by name and specialty, if any, of the staff person responsible for coordination of their care.
5. Relationship with other health services: Every Client has the right to obtain information as to any relationship The Program has to other health care related agencies insofar as their care is concerned.
6. Information about treatment: Every Client can reasonably expect to obtain from their program staff, where applicable, complete and current information concerning their diagnosis, treatment, alternative risks, and prognosis in terms and language the Client can reasonably be expected to understand. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In such cases that it is not therapeutically advisable to give such information to the Client, the information may be made available to the appropriate person on the Clients behalf
7. Participation in planning treatment and notification of family members: Every Client has the right to participate in the planning of their health care and to be actively involved in the development of their treatment/service/care plan. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the Client cannot be present, a family member or other representative chosen by the Client may be included in such conferences.
8. Continuity of care: Every Client has the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.
9. Right to refuse care: Every Client has the right to refuse treatment/services. Those who refuse treatment, medication, or services shall be informed of the likely medical or major psychological results of the refusal.

10. Experimental research: Every Client has the right to refuse to participate in research projects. Written, informed consent must be obtained prior to participation in experimental research.
11. Freedom from maltreatment: Every Client has the right to be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress.
12. Treatment privacy: Every Client has a right to respectfulness and privacy as it relates to their treatment program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely.
13. Confidentiality of records: Every Client has the right to be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third-party payment contracts, or where otherwise provided by law.
14. Disclosure of services available: Clients shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist Clients in obtaining information regarding whether the Medicare or medical assistance program will pay for any or all of the aforementioned services.
15. Responsive service: Every Client has the right to expect The Program to make a prompt and reasonable response to the questions and requests of the Client.
16. Personal privacy: Every Client has the right to every consideration of their privacy, individuality, and cultural identity as it relates to their social, religious and psychological well-being.
17. Grievances: Every Client has the right throughout their course of treatment/ service, to understand and exercise their rights as Clients. Clients may voice grievances and recommend changes in policies and services to program staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of The Program as well as addresses and telephone numbers for governing/ oversight bodies shall be posted in a conspicuous place.
18. Communication privacy: Clients may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Clients shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician or advanced practice registered nurse in the medical record. There shall be access to a telephone where Clients can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of Clients' calls. Upon admission to a facility where federal law prohibits unauthorized disclosure of Client identifying information to callers and visitors, the Client, or the legal guardian or conservator of the Client, shall be given the opportunity to authorize disclosure of the Client's presence in the facility to callers and visitors who may seek to communicate with the Client. To the extent possible, the legal guardian or conservator of a Client shall consider the opinions of the Client regarding the disclosure of the Client's presence in the facility. This right is limited where medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a Client's care record. Where programmatically limited by a facility abuse prevention plan pursuant to section 626.557, subdivision 14, paragraph (b), this right shall also be limited accordingly.

19. Personal property: Clients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other Clients, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility must either maintain a central locked depository or provide individual locked storage areas in which Clients may store their valuables for safekeeping. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.
20. Services for the facility: Clients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.
21. Choice of supplier: Clients may purchase or rent goods or services not included in the per diem rate from a supplier of their choice unless otherwise provided by law. The supplier shall ensure that these purchases are sufficient to meet the medical or treatment needs of the Clients.
22. Financial affairs: Competent Clients may manage their personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on their behalf if they delegate this responsibility in accordance with the laws of Minnesota to the facility for any period of time.
23. Right to associate: (a) Clients may meet with and receive visitors and participate in activities of commercial, religious, political, as defined in section 203B.11 and community groups without interference at their discretion if the activities do not infringe on the right to privacy of other Clients or are not programmatically contraindicated. This includes:
24. Advisory councils: Clients and their families shall have the right to organize, maintain, and participate in Client advisory and family councils. Each facility shall provide assistance and space for meetings. Council meetings shall be afforded privacy, with staff or visitors attending only upon the council's invitation. A staff person shall be designated the responsibility of providing this assistance and responding to written requests which result from council meetings. Client and family councils shall be encouraged to make recommendations regarding facility policies.
25. Married Clients: Clients, if married, shall be assured privacy for visits by their spouses and, if both spouses are Clients of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.
26. Transfers and discharges: Clients shall not be arbitrarily transferred or discharged. Clients must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the Client's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The Client, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly admitted Clients, a change in the Client's medical or treatment program, the Client's own or another Client's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the Client's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new Clients without disrupting room assignments.
27. Protection and advocacy services: Clients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the Client may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the Client and a representative of the rights protection service or advocacy service.

28. Isolation and restraints: A minor Client who has been admitted to a residential program as defined in section 253C.01 has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the Client will physically harm the Client's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, advanced practice registered nurse, psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.
29. Treatment plan: A minor Client who has been admitted to a residential program as defined in section 253C.01 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor Client and the minor Client's parents or guardian shall be involved in the development of the treatment and discharge plan.
30. Restraints: (a) Competent nursing home residents, family members of residents who are not competent, and legally appointed conservators, guardians, and health care agents as defined under section 145C.01, have the right to request and consent to the use of a physical restraint in order to treat the medical symptoms of the resident.