

BH-HCBS PARTICIPANT'S RIGHTS AND RESPONSIBILITIES

All individuals participating in the Venture Forthe, Inc., BH-HCBS are ensured specific rights regarding the delivery of services.

As an BH-HCBS Participant, You Have the Right to:

1. Be informed of your rights prior to receiving BH-HCBS services;
2. Reasonable Access to Care- You will receive services without regard to race, religion, color, creed, gender, national origin, sexual orientation, marital status or disability;
3. Be treated as an individual with consideration, dignity and respect including but not limited to person and possessions;
4. Be free from verbal, sexual, mental, physical or financial abuse, corporal punishment or involuntary work or service;
5. Be free from chemical and physical restraint;
6. Be free from coercion, discrimination or reprisal;
7. Have services provided that support your health and welfare;
8. Assume reasonable risks and have the opportunity to learn from these experiences;
9. Have the opportunity to participate in the development, review and approval of all Service Plans, including any changes to the Service Plan;
10. Request a change in services (add, increase, decrease or discontinue) at any time;
11. Be informed of the name and duties of any person providing services to you under the Service Plan;
12. Have input into when and how services will be provided;
13. Receive services from approved, qualified individuals;
14. Make personal choices about accepting or refusing activities and services;
15. Have your privacy respected, including the confidentiality of personal records, and have the right to refuse the release of the information to anyone not authorized to have such records, except as required by law or for billing requirements;

BH-HCBS PARTICIPANT'S RIGHTS (continued)

16. Submit complaints about any violation of rights and any concerns regarding services provided, without jeopardizing your participation in the program and not being subject to restraint, interference, coercion, discrimination or reprisal as a result of submitting a complaint;
17. Have your complaints responded to and be informed of the final resolution of the investigation;
18. Have your service providers protect and promote your ability to exercise all rights identified in this document;
19. Have all rights outlined in this document forwarded to your court appointed legal guardian or others authorized to act on your behalf; and
20. Participate in surveys inquiring about your experiences as a BH-HCBS participant. This includes the right to refuse to participate in experience surveys without jeopardizing your ability to receive BH-HCBS services.

HCBS Client's Responsibilities

As an HCBS client you are responsible to:

1. Work with Venture Forthe to develop/revise your Treatment Plan to assure timely reapproval of the Service Plan, if required;
2. Work with your HCBS staff as described in your current Treatment Plan;
3. Follow your Treatment Plan and notify your Care manager if problems occur;
4. Talk to your HCBS staff if you want to change your services or goals;
5. Provide to the best of your knowledge, complete and accurate medical history including all prescribed and over-the-counter medications you are taking and understand the risks associated with your decisions about care;
6. Inform your HCBS staff about all associated treatments and interventions in which you are involved;
7. Maintain your home in a manner which enables you to safely live in the community;
8. Ask questions when you do not understand your services;
9. Not participate in any criminal behavior. You understand that, if you do, your service provider(s) may leave, the police may be called and your ability to continue to receive HCBS services may be jeopardized;

10. Report any significant changes in your medical condition, circumstances, informal supports and formal supports to your HCBS staff;
11. Provide accurate information related to your coverage under your MCO, including any notices of importance from them or your Health Home connection.
12. Notify all providers as soon as possible if the scheduled service visit needs to be rescheduled or changed;
13. Notify appropriate person(s) should any problems occur or if you are dissatisfied with services provided; and
14. Treat Venture Forthe and your service providers with consideration, dignity and respect.

I have read this Participant's Rights and Responsibilities form, or it has been read to me and I understand its contents and purpose as written.

I have read this Participant's Rights form, or it has been read to me and I understand its contents and purpose as written.

Applicant/Participant Name	Signature	Date	
Legal Guardian/Committee Name (if applicable)	Signature	Date	
Authorized Representative Name (if applicable)	Signature	Date	
Other	Name	Signature	Date