

# Youth Advocate Programs, Inc.

**Local Program Name**

Address

Phone: (111) 222-3333 Fax: (111) 222-3333

## **Client Bill of Rights and Responsibilities And Client Grievance Procedure**

### **Introduction**

Youth Advocate Programs, Inc. (YAP) is committed to helping clients and their families through the provision of services in the home and the community. YAP's mission is to provide individuals who are, have been or may be subject to compulsory care with the opportunity to develop, contribute, and be valued as assets so that communities have safe, proven effective and economical alternatives to institutional placement.

To do so, YAP encourages active participation of the client and family. You are full partners in planning and implementing service or treatment plans. All suggestions and recommendations made by the client and family are incorporated in the service plans unless it is not in their best interest. Clients and families also participate in discharge planning to help empower them after YAP services are over.

You and your family are about to be enrolled in a YAP program. As such, you have certain rights. These are listed below. These rights were developed to make you aware of the specific guidelines and rules that must be followed by YAP staff. They also make sure that you are provided with quality services and fair treatment.

In addition to your rights, you and your family also have responsibilities. You need to honor these responsibilities. If you do not, you and your family will not fully benefit from the services being offered by YAP.

Following are your rights and responsibilities. Please read them carefully. If you or any members of your family have any questions about these rights and responsibilities, please ask.

We look forward to working with you and your family.

### **Rights Recognized by YAP:**

1. You have the right to be treated with dignity and respect.
2. You have the right to give informed, written consent prior to the start of receiving services or treatment, or if you are a minor, to have your legal guardian give informed written consent, unless prohibited by law. This information is available upon request.

3. You have the right to be informed of the names and functions of all staff who are providing direct care and services to you.
4. You have the right to be informed of the hours that services will be provided.
5. You have the right to expect that all communications and records pertaining to your care will be treated according to the laws governing confidentiality.
6. You have the right to, and are encouraged to, actively participate in the development of your service or treatment plan.
7. You have the right to make recommendations and/or suggestions with regard to your service treatment. You also have the right to be advised of the results of the consideration of these recommendations and/or suggestions within a reasonable amount of time.
8. You have the right to treatment without discrimination based on sex, race, religion, creed, color, sexual orientation or national origin.
9. You have the right to express and practice religious and spiritual beliefs.
10. You have the right to request a YAP's supervisor's review of your care, treatment, and service plan and to be advised of the outcome within a reasonable amount of time.
11. You have the right to voice grievances and to be advised of the results of the consideration of your grievance within a reasonable amount of time.
12. You have the right to refuse any service or treatment unless mandated by law or court order and be informed about any consequences of such refusal, which can include discharge.
13. You have the right to review your file as determined by legal and professional standards.

### **Your Responsibilities:**

1. You have the responsibility to exercise your rights in a mature, and appropriate manner.
2. You have the responsibility to help develop your service or treatment plan's goals and objectives.
3. You have the responsibility to actively participate in your service activities or treatment.
4. You have the responsibility to maintain confidentiality regarding the services and treatment of other clients.
5. You have the responsibility to respect the rights of others in the service or treatment setting regardless of sex, race, religion, creed, sexual orientation or national origin.

6. You have the responsibility to inform staff members regarding dangerous situations that you may become aware of during the course of receiving services or treatment.
7. You have the responsibility to communicate openly and honestly with YAP staff and others who are participating in your services or treatment plan.
8. You have the responsibility to provide YAP with relevant information as it pertains to your receiving services and participating in service decisions.
9. You have the responsibility to learn of the rules of your service or treatment program.
10. You have the responsibility to respect the property of others.

## **Informal Grievance Procedure**

If you or a family member think that any of these rights are being violated or if you have another problem with the services or treatment being provided, it is your responsibility to report it. You should first raise the issue informally with the YAP staff member that is in charge of your treatment or care. It is the staff member's responsibility to investigate the problem and work with you to develop a solution that is mutually agreeable. When you report the problem, you must accurately describe the problem and provide details of the situation. YAP staff will make every effort to reach an agreement with you that will solve the problem and maintain your rights.

If you or a family member is not fully accepting your responsibilities, a staff member will discuss these issues with you. YAP staff will work together with you and your family to help resolve these issues so you can meet your responsibilities and fully benefit from the services or treatment provided.

Any violation of rights or objections to services or treatment will be documented in writing by the YAP staff member in charge of your treatment or care and placed in your file. Any issues with you or your family in meeting your responsibilities will also be documented.

If you think the staff member is not taking your complaint seriously or is not taking action to remedy the issue, then it is your responsibility to inform a person of higher authority.

## **Formal Grievance and Appeal Procedure**

If the informal process does not result in reaching a mutually agreeable solution regarding rights or the quality of services or treatment being provided, you or your parent, guardian, or caretaker and any individual you may want to help you, may initiate a formal grievance. The grievance may be presented either orally or in writing to the Director of the program you are enrolled in. Please note that you have the right to the assistance of an independent person to witness when you present your grievance to the Director.

The Director will investigate your grievance and make every effort to resolve it. Based on this investigation, a decision will be issued in writing as soon as possible, but within one week after the filing of the grievance. Grievances will be decided by people not directly involved in the circumstances leading to the complaint.

You, or the person representing you, will be given a copy of the grievance and the final decision. A copy will also be placed in your file.

You may appeal the grievance decision. This must be done within ten (10) working days from when you received the written decision from the Director.

When the Director receives your appeal, he or she will appoint a review committee. The committee will be people who are not directly involved in the circumstance leading to your grievance. Where required, the committee will include at least one person from the community not directly affiliated with you, your family or YAP. The committee will review the documents and, where appropriate, discuss the matter with you, your family, YAP staff and any other persons involved in your service or treatment plan.

The committee will make a decision on your appeal within ten (10) working days. If this opinion finds that changes in your service or treatment plan are necessary, they will be made. However, if you are enrolled in a clinic program, all changes to your treatment plan must be approved by the clinic's psychiatrist.

You, or the person legally representing you, will be given a copy of your appeal and the committee's final decision. A copy will also be placed in your file.

If you are receiving treatment in a YAP clinic, you have an additional right of appeal. You may appeal the committee's decision to the Director of your County's Office of Mental Health/Mental Retardation.

If you are receiving any other services, the committee's decision is the final step in YAP appeal process.

**YAP Contact Information:**

Program Director	_____	<u>(111) 222-3333</u>
	(NAME)	(PHONE)
Regional Director	_____	<u>(111) 222-3333</u>
	(NAME)	(PHONE)
President	_____	<u>(111) 222-3333</u>
	(NAME)	(PHONE)
Hot Line	<u>Anonymous (Corporate)</u>	<u>1-800-324-5794</u>
		(PHONE)
Compliance Officer	_____	<u>(717) 232-7580</u>
	(NAME)	(PHONE)



# Youth Advocate Programs, Inc.

Local Program Name

Address

Phone: (111) 222-3333 Fax: (111) 222-3333

## Client Bill of Rights and Responsibilities

### ACKNOWLEDGEMENT FORM

*My signature below indicates that I have received the Youth Advocate Programs, Inc.'s Client Bill of Rights and Responsibilities and Informal and Formal Grievance Procedures. I fully understand all statements made therein.*

Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN) (RELATIONSHIP) (DATE)

\_\_\_\_\_  
(SIGNATURE OF CLIENT, 14 YEARS or OLDER) (DATE)

\_\_\_\_\_  
(SIGNATURE OF YAP REPRESENTATIVE) (TITLE) (DATE)