

## **Rights of Person Served**

Person Served: \_\_\_\_\_

Date: \_\_\_\_\_

### **Service and Protection Related Rights:**

Rights of Person Served have been developed to ensure that all people are treated with dignity and respect while receiving services and supports. Rights of Person Served must be reviewed with clients and new employees within five working days of starting services and annually thereafter. Lifeworks Services, Inc. is licensed under Minnesota Statutes, Chapter 245D. We will help you exercise and protect your rights, identified in Minnesota Statutes, section 245D.04.

When receiving services and supports from Lifeworks Services, Inc., I have the right to:

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in a way that respects me and considers my preferences.
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, in advance, limits to the services available from Lifeworks Services, Inc., including if the program has the skills and ability to meet my needs for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what the charges are for services, regardless of who will be paying for the services, and to be notified if those charges change.
8. Know, in advance, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. Have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule.
12. Be free from abuse, neglect, or financial exploitation by the program or its staff.
13. Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subd. 5 or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in 245D.061 or successor provisions or (ii) the use of safety interventions as

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in an alternate format upon request.  
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part of a positive support transition plan under section 245D.06, subd. 8 or successor provisions.

14. Receive services in a clean and safe environment.
15. Be treated with courtesy and respect and have my property treated with respect.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from bias and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and how to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed, and how to file a social services appeal under the law.
19. Know the name, street address, website, email and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them.
23. Have personal privacy.
24. Take part in activities that I choose.
25. Access to my personal possessions at any time, including financial resources.

## **Rights Restrictions:**

### **Can my rights be restricted?**

Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

### **What is Lifeworks Services, Inc. required to do if my rights will be restricted?**

Before Lifeworks Services, Inc. may restrict your rights in any way, we will document the following information:

1. The justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. The objective measures set as conditions for ending the restriction (meaning the program must clearly identify when everyone will know the restriction is no longer needed and it has to end);

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3. A schedule for reviewing the need for the restriction (based on the conditions for ending the restriction) to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if desired, the program must review with you and your authorized representative or legal representative and case manager why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. Signed and dated approval for the restriction from you or your legal representative, if any.

### **Can Lifeworks Services, Inc. restrict all of my rights?**

Lifeworks Services, Inc. cannot restrict any right we choose; we may only restrict the following rights, after documenting the need

1. Your right to associate with other persons of your choice;
2. Your right to have personal privacy; and
3. Your right to engage in activities that you choose.

### **What if I don't give my approval?**

A restriction of your rights may be implemented only after you have given your approval.

### **What if I want to end my approval?**

You may withdraw your approval of the restriction of your right at any time. If you do withdraw your approval, the right must be immediately and fully restored.

If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand Lifeworks Services, Inc. must document and implement the restriction as required by law to make sure I get my rights back as soon as possible. A rights restriction document will be completed if there are any restrictions placed on my rights.

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health  
and Developmental Disabilities  
121 7th Place E, Suite 420  
Metro Square Building  
St. Paul, MN 55101  
Phone: (651) 757-1800 or 1(800) 657-3506  
Fax: (651) 797-1950  
Website: [www.ombudmhdd.state.mn.us](http://www.ombudmhdd.state.mn.us)

Minnesota Disability Law Center  
430 1st Ave N, Suite 300  
Minneapolis, MN 55401  
Email: [mndlc@mylegalaid.org](mailto:mndlc@mylegalaid.org)  
Website: <http://www.mndlc.org/>

By signing this document, I am agreeing that I have read and understand that:

1. I received the above information within five working days of when I started to receive services and every year after that;
2. I have received a copy of my rights under the law, Minnesota Statutes, section 245D.04;
3. I have had an explanation of what my rights are and that I am free to exercise my rights;
4. The information was provided in a way that I understand and if I needed the information in another format or language, it was given to me; and
5. Lifeworks Services Inc. will help me exercise my rights and help protect my rights.

\_\_\_\_\_  
**Person Served (client) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Legal Representative Signature**

\_\_\_\_\_  
**Date**

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