

AUDRAIN DEVELOPMENTAL DISABILITY SERVICES (ADDS)

INFORMATION ON THE RIGHTS OF PERSONS SERVED, GRIEVANCE/COMPLAINT PROCEDURE AND HIPAA POLICY

September, 2015

RIGHTS OF PERSON SERVED

1. The Right to Confidentiality



2. The Right to Privacy



Please Do Not Enter

3. Freedom from Abuse, Humiliation, Retatliation, Neglect, and Financial Exploitation



4. The Right to Receive Information in time to help in your decision making



5. The Right to be Informed so you can Consent, Refuse, or Choose your Services, Team Members, Information to be Released, and to Participate in Research Projects



ISP Meeting



SIGNED CONSENT

6. The Right to a Lawyer or Referral for Legal Representation



7. The Right to Self-Help and Advocacy Support Services

Protection & Advocacy



Counselor

8. If Participating in Research, you have The Right to Guidelines that are Ethical



9. The Right to an Investigation and Decision if Rights have been Violated



10. The Right to Vote



11. The Right to Safe and Sanitary Surroundings



CLEANLINESS



NO BARRIERS

12. The Right to Develop Relationships



13. The Right to have an Individual Support Plan and have it explained to you clearly



14. The Right to Physical Exercise and Recreation



15. The Right to Communicate by Mail & Phone



16. The Right to Own Personal Belongings



17. The Right to spend a reasonable sum of money for expenses and small purchases



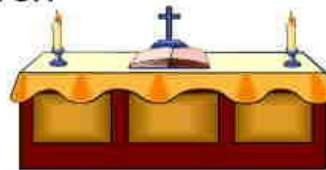
18. The Right to Educational Opportunities



19. The Right to Receive Visitors of Own Choosing at Reasonable Times



20. The Right to Attend Church



21. The Right to Nutritious Meals



22. The Right to Life



23. The Right to Liberty and the Pursuit of Happiness



HAPPINESS

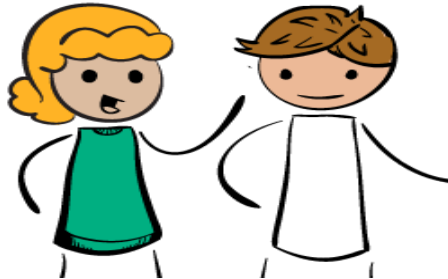


GRIEVANCE/COMPLAINT PROCEDURE

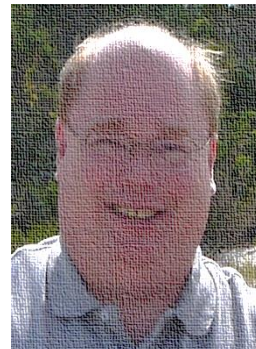
For Persons Served

Steps to Follow

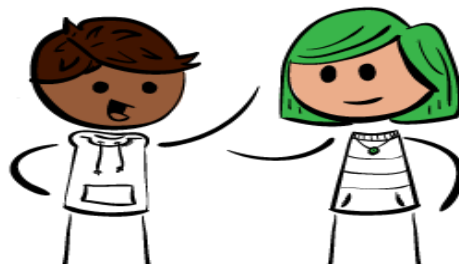
1. TALK WITH YOUR PROGRAM COORDINATOR



2. TALK WITH ADDS EXECUTIVE DIRECTOR



3. TALK WITH YOUR SUPPORT COORDINATOR



4. TALK WITH THE ADDS BOARD OF DIRECTORS
(GENERALLY MEETS THE THIRD THURSDAY OF EACH MONTH)



5. TALK WITH YOUR GUARDIAN, CONTACT THE HANNIBAL
SATELLITE REGIONAL OFFICE (573-248-2400), OR TALK
WITH A LAWYER.





HIPAA POLICY

WHAT IS HIPAA?

PERSONAL

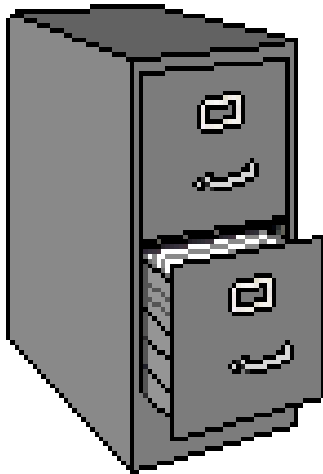
HEALTH

CARE

RECORDS

Health Insurance Portability and Accountability Act of 1966 is a Federal Law.

Portability means that if a person changes a job he or she can keep their health insurance if they want to keep it.



In this case, accountability means that anybody who knows about someone's health information will be expected to keep it to themselves unless they are allowed by the rules to share it.

Personal



HIPAA POLICY

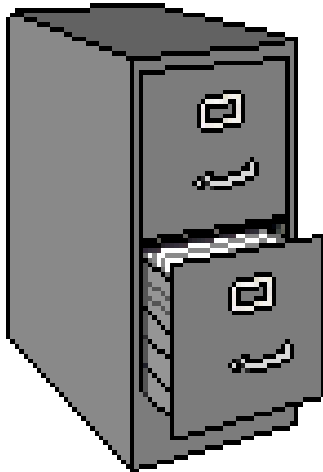
HIPAA PRIVACY

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WHAT EVERY PERSON SERVED SHOULD KNOW!!!

Information that must be kept private!!

1. Name/Address
2. Employer
3. Names of Relatives
4. Date of Birth
5. Social Security Number
6. Telephone Number
7. Account Number
8. Occupation
9. Diagnosis
10. Treatment Services



Personal



HIPAA POLICY

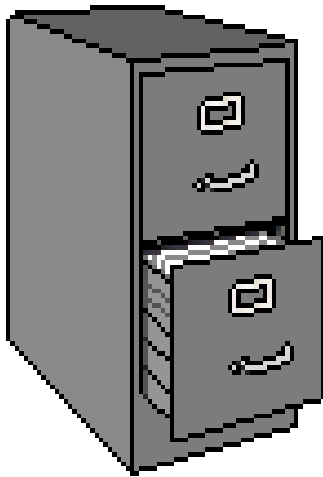
HIPAA PRIVACY

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WHAT IS PRIVACY?

1. Minding your own business.
2. Keeping things to yourself.
3. Not telling other people's business.
4. Not telling your friend's business.
5. Not telling anybody things you hear at work that are about

Personal



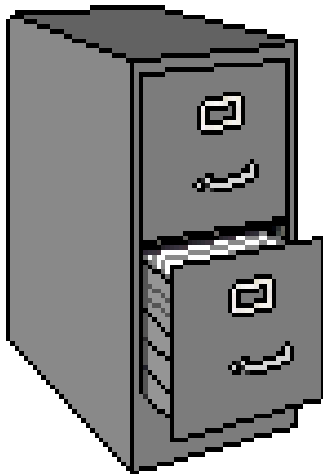
HIPAA POLICY

Organized Health Care Arrangement

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This means that facilities and providers of services can share important information about people without violating privacy.

Staff will KEEP Information about you safe by -



1. Telling you about things that they hear or see at work about you that they **MUST KEEP PRIVATE**.
2. Telling you what their job is in helping this Agency follow privacy rules.
3. Telling you what they should do if they see or hear someone else not keeping your business private.
4. Knowing what will happen if they don't keep information private.
5. Knowing and being trained to keep business private.

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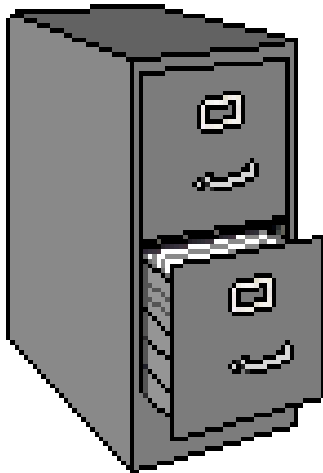
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Rights You Have

1. You can request to change information in your medical records.
2. This request may be made to the Agency Privacy Officer.
3. The Agency may grant or deny the request.

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RESTRICTIONS -



1. You can request certain parts of your health information not be shared with others.
2. The Agency is NOT required to accept the request.
3. If restrictions are accepted, then You and the Agency must follow it.

Personal

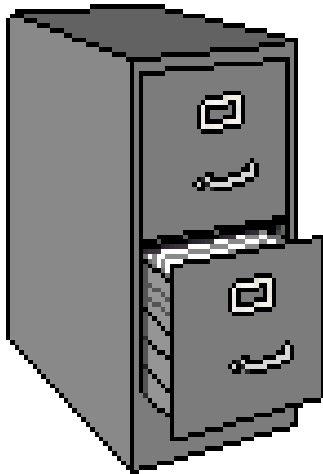


HIPAA POLICY

AUTHORIZATION

1. You have to give permission for certain people outside of this Agency to see your health care information.
2. You must be specific and state
 - A. What information is to be shared
 - B. Who can be given information
 - C. For what purpose information is shared.
3. You may revoke your permission.

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VERIFICATION

This Agency must make sure that:

The person or Agency requesting the Protected Health Information (PHI) is who they say they are!

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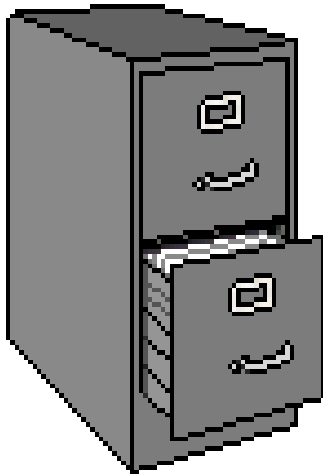
HIPAA POLICY

NO AUTHORIZATION IS NEEDED WHEN -

1. The request is due to a child abuse or neglect report.
2. A court orders the Agency to share.
3. Police need certain information.
4. It is needed to help keep someone else safe.

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Account of Disclosures



In general, you can always ask us to tell you with whom we have shared your information.

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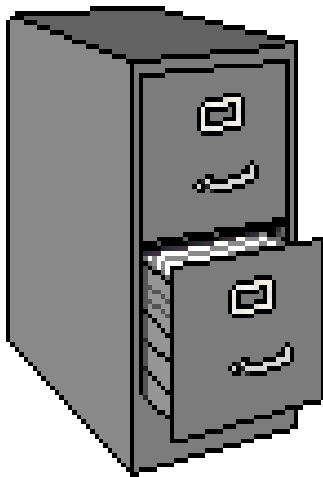
HIPAA POLICY

COMPLAINT PROCEDURE

1. Allows you to file a complaint if you believe we have improperly used or disclosed your health information.
2. You can file your complaint with the Program Coordinator.

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Things to Remember about Privacy-



1. We must all protect the records of persons served.
2. We can only share information necessary for people to do their jobs.
3. You have the right to ask about use and disclosure of PHI.

Personal