

SECTION VIII. Choices for Care (CFC) Participant's Rights & Responsibilities

A. Choices for Care Participant's Rights

1. Every participant shall be treated with consideration, respect with full recognition of the participant's dignity, individuality and privacy.
2. Each participant shall be allowed to associate, communicate and meet privately with persons of the participant's own choice.
3. A participant may voice a complaint without interference, coercion or reprisal.
4. The participant's right to privacy extends to all records and personal information. Personal information about a participant shall not be discussed with anyone not directly involved in the participant's care. Release of any record, excerpts from or information contained in such records shall be subject to the participant's written approval, except as requested by representatives of the Authorized Agency or DAILE to carry out its responsibilities or as otherwise provided by law.
5. The participant has the right to review their person-centered plan, care plan, medical or financial records upon request.
6. Participants shall be free from mental, verbal or physical abuse, neglect, and exploitation.
7. Participants have the right to formulate advance directives as provided by state law and to have these wishes honored.
8. Participants have the right to choose their own doctor and other health care professionals.
9. Participants have the right to be informed about eligibility for other services and the circumstances under which these services may be available to the participant.
10. These participants' rights shall not limit, modify, abridge or reduce in any way any rights that a participant otherwise enjoys as a human being and citizen
11. Receive services without regard to race, religion, color, creed, gender, national origin, sexual orientation, marital status, or disability;

12. Be treated as an individual with consideration, dignity and respect including but not limited to person, residence and possessions;
13. Have services provided that support your health and welfare;
14. Assume reasonable risks and have the opportunity to learn from these experiences;
15. Be fully informed of the process for requesting a new Care Manager and/or requesting a Fair Hearing any time while you are participating in the TBI Program;

B. Choices for Care (CFC) Program Participant's Responsibilities

As a CFC program participant, you are responsible to:

1. 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 risk(s) associated with your decisions about care.
2. Maintain your home in a manner which enables you to safely live in the community.
3. Ask questions when you do not understand your services.
4. 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 continuation in the CFC program may be jeopardized.
5. Report any significant changes in your medical condition, circumstances, informal supports and formal supports to your Care Team.
6. Provide accurate information related to your coverage under Medicaid, including any notices from the Department for Children & Families Economic Services Division regarding your Medicaid, Medicare or other medically-related insurance programs to your service providers.
7. Notify all providers as soon as possible if the scheduled services visit needs to be rescheduled or changed.
8. Treat your Service Providers with consideration, dignity and respect.