

I HAVE A RIGHT TO:

1. Have a say in what I learn and what services I receive
2. Be treated with respect
3. Be in a safe, clean place
4. Have my own clothes
5. Spend my personal money
6. Have healthy meals
7. Communicate in private with people by mail and telephone
8. Have or refuse visitors
9. Say “yes” or “no” to research projects
10. Say “yes” or “no” to religious activities
11. Talk about any complaint and get help from my advocate
12. Have personal information kept confidential
13. Be protected from harm

**I HAVE OTHER SPECIFIC RIGHTS UNDER RIGHTS REGULATIONS.
FOR HELP****Contact at Grafton:**

TERRY FEAGANS, 540-542-0200, ext. 6425

Quality Assurance Supervisor, Grafton-Winchester Region, P.O. Box 2500, Winchester, VA 22604

SUE HAHN, 540-955-2400, ext. 7246;

Quality Assurance Supervisor, Grafton-Berryville Region, 180 Grafton Lane, Berryville, VA 22611

SYLVIA HOWELL, 540-955-2400, ext. 7240

Quality Assurance Supervisor, Grafton-Berryville Region, 180 Grafton Lane, Berryville, VA 22611

JULIE JACOBS-JENNINGS, 804-674-8888, ext. 5107

Quality Assurance Supervisor, Grafton-Richmond Region, 4100 Price Club Blvd., Midlothian, VA 23112

or Contact Advocates for:**Richmond Region**

CARRIE FLOWERS, Human Rights Advocate

Toll-Free (888) 207-2961 or (804) 524-4463

Human Rights & Licensure, P.O. Box 4030, Petersburg, VA 23802

Winchester and Berryville Regions:

MARK SEYMOUR, Human Rights Advocate

Toll-free (877) 600-7437 or (540) 332-2149

Human Rights & Licensure, Box 4000, Staunton, VA 24402-4000

INDIVIDUAL RIGHTS

1. Have a say in what I learn and what services I receive: To participate in the development of my service plan, including development of my behavioral support plan; To participate in changes to my plans; To talk about my preferences and the goals I want to work on; To be informed about medications I might or do take; To be a part of the planning for my discharge
2. Be treated with respect: To be given choices when possible; To be spoken to in a respectful tone and manner; To be a part of planning recreational activities; To be listened to when I speak
3. Be in a safe, clean place: To receive services in environments that do not pose a danger and that are orderly and sanitary
4. Have my own clothes: To have personal clothing that fits and is clean
5. Spend my personal money: To make purchases in vending machines or stores selling basic selection of items
6. Have healthy meals: To have nutritious, varied, appetizing meals prepared and served under clean conditions and served at appropriate times and temperatures; To have food consistent with any individualized diet program
7. Communicate in private with people by mail and telephone: To talk with family, friends, social workers, advocates, and others in private through both mail and talking on the telephone; Use of the telephone might be limited to certain times and places so that everyone receiving services has an opportunity to use the phone and so treatment services are not interrupted; If mail might have something dangerous in it, the Executive Director or designee can open the mail in my presence; The Advocate will be informed of any possible restrictions on mail and telephone use
8. Have or refuse visitors: Access to visitors may be limited or supervised only when a licensed professional determines the visits would result in demonstrable harm or significantly impact treatment or when visitors are suspected of bringing contraband in the program or threatening others; The Executive Director or designee will talk with me and my Advocate about such restrictions
9. Say “yes” or “no” to research projects: I will be informed about the purpose of the project, how it will be used, and any risks in the project; I can withdraw consent at any time; Delivery of services is not impacted whether I participate or not
10. Say “yes” or “no” to religious activities: Participate in religious services subject to their availability as long as those services are not dangerous and do not infringe on freedom of others; May be limited to certain times or places so activities do not interfere with treatment
11. Talk about any complaint and get help from my advocate: To get help needed in the complaint process including help contacting my advocate; To make a rights complaint without any risk of retaliation or threats; Have a timely and fair review of complaint
12. Have personal information kept confidential: Only those people who need to know information in order to provide services or to allow for billing of services will have access to the specific information they need to do their jobs, in accordance with federal and state regulations
13. Be protected from harm: To be protected from harm such as abuse, neglect, and exploitation

Internal contacts are:

TERRY FEAGANS, (540) 542-0200, ext. 6425

Quality Assurance Supervisor, Grafton-Winchester Region, P.O. Box 2500, Winchester, VA 22604

SUE HAHN, (540) 955-2400, ext. 7246

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JULIE JACOBS-JENNINGS, (804) 674-8888, ext. 5107

Quality Assurance Supervisor, Grafton-Richmond Region, 4100 Price Club Blvd., Midlothian, VA 23112

Regional Rights Advocates are:

Winchester and Berryville Regions

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Richmond Region

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INDIVIDUAL RESPONSIBILITIES

Just as you have rights while receiving services at Grafton, you also have certain responsibilities:

1. Treat others with the same respect with which you expect to be treated, and respect the rights of others.
2. Do not interfere with the treatment programs of others.
3. Take care of your personal property and protect it from theft or loss.
4. Follow all health, fire, and safety rules and regulations for your own protection and the protection of others.

You may be held legally responsible for breaking the law. You may be subject to civil or criminal prosecution if you:

- a. deliberately hurt another person;
- b. destroy or steal property;
- c. possess contraband (drugs, weapons, etc.).

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INDIVIDUAL RIGHTS ACKNOWLEDGMENT

I, _____, received a copy of my human rights and responsibilities as an
(Individual Name)
individual served by Grafton and these have been read and explained to me so that I understand them.

Signature of Individual

Date

OR

_____ was read his/her human rights on _____. These
(Individual Name) (Date)
rights were reviewed and explained by _____,
(Staff Name) (Title)

The named individual is unable/unwilling to sign that he/she understands his rights.

Signature of Grafton Staff

Date

Signature of Witness

Date



GUARDIAN / AUTHORIZED REPRESENTATIVE RIGHTS ACKNOWLEDGMENT

As a guardian/authorized representative of a client at Grafton; I, _____,
(Individual Name)

have received a copy of client's human rights. These have been reviewed with me as necessary so that I understand them.

Signature of Guardian/Authorized Representative

Date