



Rights of Individuals Served

1. You have the right not to be deprived of any civil or legal right solely because of a diagnosis of developmental disability.
2. You have the right to be given the respect and dignity that is extended to others regardless of race; religion; national origin; creed; age; gender; ethnic background; sexual orientation; developmental disability or other handicap; or health condition, such as one tested for or diagnosed as having an HIV infection. In addition, there shall be no discrimination for these or any other reasons.
3. You have the right to:
 - a. a safe and sanitary environment;
 - b. freedom from physical or psychological abuse;
 - c. freedom from corporal punishment;
 - d. freedom from unnecessary use of mechanical restraining devices;
 - e. freedom from unnecessary or excessive medication;
 - f. freedom from coercion;
 - g. protection from commercial or other exploitation;
 - h. protections for rights modifications.

A copy of the agency's OPWDD Incident Reporting policy and procedures is available in electronic format at www.headinjuryassoc.org and upon written request paper copies of the agency policy as well as OPWDD's part 624 regulations shall be provided

4. You have the right to confidentiality with regard to all information contained in your record, and access to such information, subject to the provisions of article 33 of the Mental Hygiene Law and the commissioner's regulations. In addition, confidentiality with regard to HIV-related information shall be maintained in accordance with article 27-F of the Public Health Law, 10 NYRCC Part 63 and the provisions of section 633.19.
5. You have the right to an individualized plan of services which has as its goal the maximization of your ability to cope with your environment, fostering social competency which includes meaningful recreation and community programs and contact with others who are non-handicapped, and which enable you to live as independently as possible. Such rights also include:
 - a. the provision for meaningful and productive activities within your capacity although some risk may be involved, and which take into account your interests;
 - b. to be informed of any program specific rules and individual responsibilities.
 - c. access to transportation
6. You have a right to participate in a Person-Centered Planning Process

Person-centered planning is a process that can help you to learn more about what personal goals are important to you. This includes information about how and where you want to live and how you want to participate in your community. Person Centered Planning also helps you and others determine what supports and services are needed to help you move toward your goals. This information will help you work with your Care Coordinator and others to develop an Life Plan that is specific to your needs and goals.

This means that:

- the person centered planning process is all about you;
- you are in charge of the planning process;
- you choose who works with you to develop your person centered Life Plan and you can choose who you want to assist you in making decisions; and
- you will be supported to make informed choices about what supports and services you want and need. This support may come from family, friends, staff, or someone who has legal decision making authority in your life.
- If you have someone who has legal decision making authority, he or she may choose to be a part of the process and may choose to make decisions on your behalf.

It also means that the person centered planning process

- takes place at times and places that are convenient for you; and
- will share information with you in a way that you can understand it, for example, people speak to you or materials are provided to you in the same language that you speak or using other ways of communication that work for you.
- If there is conflict or disagreement when you are planning your services and supports, there are ways to resolve them and you will be told about them.

7. You have a right to a Person Centered Plan of Services

Usually this will be your Life Plan and it will include

- your goals and desired outcomes;
- your strengths and preferences;
- your needs based on an assessment;
- the services and supports you need and who you have chosen to provide them;
- the services that you choose to self-direct;
- where you live and that you chose to live there or that you choose to move;
- the things that might cause a risk of harm to you and what will be done to make the risk smaller, including having a plan about what to do if something goes wrong; and
- the name of the person or agency you have chosen to watch over your plan to make sure that everything in the plan happens as it should.

Your person-centered Life Plan must be clear to you and your circle of support. It must be written so that you understand it.

You must sign your person-centered Life Plan to show that you agree with what the plan says. The person or agency you have chosen to watch over your plan to make sure that everything in the plan happens will also sign the plan. You will get a copy of the plan.

You will review the plan with your Care Coordinator at least twice a year, or when something changes or when you want to change something in your plan.

8. You have a right to object to your Plan of Services

If you are 18 years old or older, you may object to your plan of services, including your person-centered Life Plan. In addition, the following people may object on your behalf: someone you choose, your legal guardian, someone you have given a power-of-attorney to make decisions for you, or the Consumer Advisory Board if they represent you. If you are capable of making your own decisions and you do not have a legal guardian, you may refuse to let someone else object on your behalf.

If you are under 18 years old, your parent(s) may also object to any plan of services for you. If you don't agree with them, you may choose someone to represent you, including legal counsel, to help you resolve the objection.

9. If you object to your plan of services, there are policies and procedures to resolve your objection. You must be told what the policies and procedures are and you must be able to follow them. If you are unable to resolve your objection you can request a hearing with OPWDD.
10. You have the right to services, including assistance and guidance, from staff who are trained to administer services adequately, skillfully, safely and humanely, with full respect for your dignity and personal integrity.
11. You have the right to appropriate and humane health care and the opportunity, to the extent possible, to have input either personally, through parent(s), or guardian(s), or correspondent to participate in the choice of physician and dentist; or the opportunity to obtain a second medical opinion.
12. You have the right to medical assistance. You may refuse care, treatment and service after being informed of and understanding the consequences of such actions. In the case of an emergency situation where proposed emergency treatment is deemed necessary to avoid serious harm to life or limb, and you refuse such service, professional medical /dental treatment may be rendered at the discretion of authorized medical personnel.
13. You have the right to access clinically sound instructions on the topic of sexuality and family planning services and information about the existence of these services, including access to medication or devices to regulate conception, when clinically indicated. This right includes:
 - a. freedom to express sexuality as limited by your consensual ability to do so, provided such expressions do not infringe on the rights of others;
 - b. the right to make decisions regarding conception and pregnancy pursuant to the mandates of applicable State and Federal law;
 - c. the right of facilities to reasonably limit the expression of sexuality, including time and location thereof, in accordance with a plan for effective facility management.
14. You have the right to observance and participation in the religion of your choice, through the means of your choice, including the right of choice not to participate.
15. You have the right to the opportunity to register and vote and participate in activities that educate you in civic responsibilities.
16. You have the right to freedom from discrimination, abuse or any adverse action based on your status as one who is the subject of an HIV-related test or you being diagnosed as having HIV infection, AIDS or HIV-related illness.

17. You have the right to the receipt of information on or prior to admission, regarding the supplies and services that HIA will provide or for which additional charges will be made, and timely notification of any charges thereafter.
18. You have the right to the use of your personal money and property, including regular notice of your financial status and the provision of assistance in the use of and access to your personal resources, as appropriate.
19. You have the right to a balanced and nutritious diet. This right shall provide that:
 - a. meals are served at times and in as normal manner as possible and you have access to food at any time.
 - b. altering the composition or timing of regularly served meals for disciplinary or punishment purposes, for the convenience of staff, or for behavior modification shall be prohibited.
20. You have the right to individually owned clothing which fits properly, is maintained properly, and is appropriate for age, season and activity; and the opportunity to be involved in the selection of that clothing.
21. You have the right to:
 - a. adequate, individually owned, grooming and personal hygiene supplies;
 - b. privacy in your living unit, in sleeping, bathing and toileting areas;
 - c. privacy during personal treatments;
 - d. privacy of personal health information which will not be posted publicly;
 - e. a reasonable amount of safe, individual, accessible storage space for clothing and other personal belongings used on a day-to-day basis;
 - f. to send and receive mail, unopened.
22. You have the right to a legally enforceable lease / occupancy agreement, at a site or facility that you have physical access to that has lockable doors, keys, a choice of roommate and freedom to furnish and decorate.
23. You have the right to control and chose your own daily schedule, have visitors at any time, to have privacy when visited, provided such visits avoid infringement on the rights of others, and to communicate freely with anyone within or outside the facility.
24. You have the choice of residence including a non-disability setting and the right to seek competitive employment
25. You have the right to an opportunity to request an alternative residential setting, whether a new residence or change of room, and involvement in the decisions regarding such changes.
26. You have the right to the opportunity, either personally or through parent(s), guardian(s) or correspondent, to express without fear of reprisal grievances, objections to service process, plan of services, concerns and suggestions to the Executive Director of the facility; the Commissioner of OPWDD; the Commission on Quality of Care and Advocacy for Persons with Disabilities.
 - a. Complaints can be registered to HIA by telephone or in writing to Program Managers, Director, Asst. Director, Vice President, QA Coordinator, Sr. Director of Corporate Compliance or Executive Director. The staff person receiving the complaint / grievance will review it with their immediate supervisor.

- b. The complainant will be contacted to acknowledge receipt of the grievance and attempts to resolve it will be made. If a resolution is reached the complainant will be provided the resolution in writing.
 - c. If a resolution cannot be reached on an informal basis, the complainant will be given the opportunity to submit a written objection requesting a meeting with the Executive Director and / or designee. A written decision by the Executive Director and / or designee shall be sent to the complainant.
 - d. If the complainant is not satisfied with the decision of the Executive Director or designee, the complainant and / or agency will forward a formal appeal in writing to the LIDDRO Director. A hearing shall be scheduled by the LIDDRO Director. A written decision by the LIDDRO Director shall be sent to all.
 - e. If the complainant is not satisfied with the DDRO Director's decision, he / she may appeal it within ten working days to the Commissioner of OPWDD, who will issue a final written decision to all parties within ten working days of receipt of the appeal. The Commissioner may, at his / her discretion, call a conference of all parties to review the objection. In this event, the decision shall be sent to all parties within ten working days of that conference. The Commissioner's decision is the final administrative remedy available and may be appealed in accordance with the provisions of Article 78 of the Civil Practice Laws and Rules.
27. You have the right to the opportunity to make, or have made on your behalf, an informed decision regarding cardiopulmonary resuscitation, in accordance with the provisions of article 29-B of the Public Health Laws, and any other applicable law or regulation.
28. You have the right to the opportunity, if you are residing in an OPWDD operated or certified facility, to create a health care proxy in accordance with 14 NYCRR 633.20.
29. You have the right to refuse to participate in research activities. Informed and voluntary consent must be obtained from you and your guardian (if applicable) for participation in research activities.
30. You have the right at any time to request to receive benefits directly, or to request a change in representative payee. Such request must be directed to the Social Security Administration or the federal or state entity that made the appointment.
31. For those individuals that are assessed as being capable of being their own representative payee, you will be given the option to request that HIA become your representative payee. If you choose to have HIA become your representative payee a request form will be completed and signed by you.
32. For those individuals that HIA is not their Representative Payee, upon written request, HIA will manage your personal needs allowance.

None of the foregoing rights shall be limited the disciplinary (punishment) purposes, retribution or for the convenience of staff.

If you lack the capacity to exercise these rights, they will be exercised by an individual or entity legally authorized to represent you.

Contact Information:

Executive Director
Head Injury Association
300 Kennedy Drive
Hauppauge, NY 11788 (631) 543-2245

Day Program / Residential/ Service Coordination
Head Injury Association
300 Kennedy Drive
Hauppauge, NY 11788 (631)543-2245

Commissioner
Office For People With
Developmental Disabilities
44 Holland Avenue
Albany, NY 12229 (518) 473-1997

Mental Health Legal Services
170 Old Country Road, Suite 500
Mineola, New York 11501 (516) 493-3976

LIDDRO Director
45 Mall Drive
Commack, NY 11725 (631) 493-1700

Justice Center for the Protection of People
with Special Needs
161 Delaware Avenue
Delmar, NY 12054 (518) 549-0200