



Individual Bill of Rights

Atlanta Quality Care Solutions (AQCS), LLC treats all persons served with dignity and respect at all times.

AQCS has written policies and practices, which protect and delineate the rights of individuals in accordance with state and federal statutes.

AQCS provides persons with information about their rights at the onset of care and periodically throughout the support duration. ***This information includes how the individual may voice complaints or grievances, is provided in a manner the person/family can understand, and is documented.***

AQCS promotes the sharing of information with persons served and families, which enables them to make an informed choice about the use of service and their rights to receive supports in a manner, which protects their rights to self-determination. AQCS obtains the written informed consent for service/support provisions as discussed.

AQCS policies and procedures prohibit corporal punishment, fear-eliciting procedures, verbal abuse, or seclusion (except in accordance with standards in this document).

AQCS prohibits procedures that may result in withholding nutritionally adequate care.

AQCS has policies and practices, which allow its compilation and review of reports concerning the numbers of grievances and complaints, the response time in resolving them, and the final resolution for improving the system's responsiveness to individual concerns.

Individual Choice

Individuals and families have choices about services through:

- Participation in designing of service system:
- Full participation in development of their service plans;
- Election of service providers, location of services and other factors related to implementation of service plan; and
- Opportunity for and development of the capacity to make choices in everyday life.
- Opting not to receive services from AQCS
- Free from physical and verbal abuse
- Fully informed of the charges for treatment
- Right to confidentiality of record
- Right to have and retain personal property that does not jeopardize the safety of the client or other clients or staff and have property treated with respect.
- Right to converse privately; have convenient and reasonable access to the telephone and mail and to see visitors unless denial is necessary for treatment and the reasons are documented in the client's treatment plan.



- Right to be informed of the program’s complaint policy and procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the program within a reasonable period of time.
- Right to have access to their own client records and to obtain necessary copies when needed.
- Right to received written notice of the address and telephone number of the state licensing authority.
- Right to obtain a copy of the programs most recent completed report of licensing inspection from the program upon written request.
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Inclusion

Individuals are supported to participate in the everyday life of their community, with their family, friends and natural/community support system. Children and adolescents are supported to remain in their own homes with their families.

Appropriate Environment

Individuals have the highest quality services provided by a competent staff, utilizing flexibility and incentives that reinforce quality and efficiency. Right to a humane treatment or habilitation environment that affords reasonable protection from harm, exploitation and coercion.

Individualized Services

Individuals are provided services at the appropriate level of intensity based on their individual strengths, needs and choices with sensitivity to cultural differences and age appropriateness and gender specific needs

Adaptive System

The DBHDD service system is modified as needs of individuals and families change over time.

AQCS will provide each individual will sign and receive a copy of the Individual Bill of Rights (Appendix C).



Individual Bill of Rights Receipt & Acknowledgement Signature Page

My signature below certifies that I have read **AND** understand the **Individual Bill of Rights** as a participant in Atlanta Quality Care Solutions (AQCS) treatment programs. I was also provided a copy of AQCS's **Individual Bill of Rights**.

Individual Signature

Date

Individual Name (Print)

Staff Signature (with credentials)

Date

Staff Name (Print w/ credentials)

Individual Name: _____ Insurance Number: _____ Date: _____