



Soulful Solutions, Inc
241 3rd St N / Bayport, MN 55432
Office) 651-788-9933 / Fax) 763-356-4325

Rights of a Person Served

Application and intent of these rights

These rights apply to persons served in a program licensed under MN Statutes, chapter 245D, and persons served through a Housing Stabilization Services program. **Soulful Solutions, Inc. (company)** will ensure that the person's rights in the services provided by the company and as authorized in the *Coordinated Service and Support Plan* are exercised and protected by all staff of the company including subcontractors, temporary staff, and volunteers. This document will be signed and dated by the person served and/or legal representative and maintained in the service recipient record at service initiation and annually thereafter.

Service-related rights

A person's service-related rights include the right to:

1. **Participate in the development and evaluation of the services provided to the person.**

We encourage you to let this company know what services you need and want and upon evaluation, how we can modify the services to better meet your desired service outcomes.

2. **Have services and supports identified in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum* provided in a manner that respects and takes into consideration the person's preferences according to the requirements in MN Statutes, section 245D.07 and 245D.071.**

You may notify us of your needs, interests, preferences, and desired outcomes so we may be able improve the services to you and to the best of our ability.

3. **Refuse or terminate services and be informed of the consequences of refusing or terminating services.**

If you are not satisfied with your services, you may discuss your concerns and dissatisfaction with us at any time. Further discussions may also include information and/or conversations with your support team.

4. **Know, in advance, limits to the services available from the license holder, including the license holder's knowledge, skill, and ability to meet the person's service and support needs.**

We will notify you prior to service initiation if there are any limits to the services that we will provide. If you are not satisfied with the limitations, you may consider all options available for services to meet your needs.

5. **Know conditions and terms governing the provision of services, including the license holder's admission criteria and policies and procedures related to temporary service suspension and service termination.**

This company's *Policy and Procedure on Admission* contains information on our admission criteria. If we are no longer able to continue providing you with services, you have the right to know what the procedures are in the *Policy and Procedure on Temporary Service Suspension* and the *Policy and Procedure on Service Termination*. You will always receive an explanation, in a way that you can understand, of what is occurring and why.

6. **A coordinated transfer to ensure continuity of care when there will be a change in provider.**

Regardless of the situation that brings forth a change in service provider, this company will provide information and work in cooperation with your support team to ensure a smooth transfer between providers.

7. Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges.

You have the right to be provided with information regarding the charges for the services. If the charges for the services change, you have the right to know of that change.

8. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay.

Services provided to you by this company will be charged to the correct payment source. If you are responsible to pay for some of your services, we will work with you and your team on how that process will occur.

9. Receive licensed services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*.

The services you receive from this company will be provided by staff that have received training and are competent to provide you with services as directed by the *Coordinated Service and Support Plan* and *Coordinated Service and Support Plan Addendum*.

Protection-related rights

A person's protection-related rights include the right to:

1. Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the license holder.

Your information will be private at all times except for case consultation, treatment, and discussion. This company will ensure that only those records needed for the appropriate care, treatment, and delivery of services are made available to those individuals who are directly involved in that delivery.

2. Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.

You may access your records or have copies. This company will follow all laws, regulations, or rules regarding privacy including the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Data Practices, MN Statutes, chapter 13, and the Home and Community-Based Services Standards, MN Statutes, chapter 245D.

3. Be free from maltreatment.

You have the right to live without the fear of abuse, neglect, or financial exploitation. If any of these were to occur, this company has policies and procedures in place to help protect your ongoing safety and the safety of others.

4. Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subd. 5 or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in 245D.061 or successor provisions or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subd. 8 or successor provisions.

Staff are trained on positive support strategies, not using prohibited procedures according to state law, and that you have the right to be free from coercion.

5. Receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site.

We value maintaining the service or program site in a clean and safe environment. If you have concerns regarding the service site, please notify your staff who will take your concern seriously and will notify appropriate personnel.

6. Be treated with courtesy and respect and receive respectful treatment of the person's property.

Staff will do all that they can to respect you as an individual and other aspects of your life including your property. If you feel that you or your property are not being treated with courtesy and respect by the company, staff, or other individuals; please notify the staff.

7. Reasonable observance of cultural and ethnic practice and religion.

You have the right to observe and participate in activities of cultural and ethnic practice or religion of your choice.

8. Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.

You are a unique person and have the right to live, work, and engage in environments free of bias and harassment.

9. Be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045.

At any time, you may contact your legal representative, case manager, an advocate, or someone within the company if you are not satisfied with services being provided in order to make a formal complaint.

10. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.

Should you choose to voice a grievance, you will not be retaliated against. Please see the list of contact information for protection and advocacy agencies at the end of the *Policy and Procedure on Grievances*.

11. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation.

We will support you in actively asserting your rights. Your family, authorized representative, or legal representative also have the right to assert these for you and on your behalf without retaliation.

12. Give or withhold written informed consent to participate in any research or experimental treatment.

You have the right to know all terms and conditions regarding any type of research or experimental treatment and have those explained to you in a manner in which you understand. You may consult with your legal representative or other support team members before making a final informed consent or refusal.

13. Associate with other persons of the person's choice, in the community.

You may choose to spend time with others of your choice (including in the community) and to have private visits with them. If someone wants to visit with you, you have the right to meet or refuse to meet with them.

14. Personal privacy including the right to use the lock on the person's bedroom or unit door.

You have the right to privacy to the level you choose including the use of a lock on your bedroom door or unit.

15. Engage in chosen activities.

You have the right to choose, refuse, or engage in the activities planned by you, your family, your support team, staff and other persons. You also can choose your services, schedule, and people with whom you spend time and if you want to work. Your provider may support you to work as agreed upon within your support plan.

16. Access to the person's personal possessions at any time, including financial resources.

You have the right to access your possessions and you may access your financial resources when you choose. You can control your own personal funds and authorize your provider to assist with management of those funds, as you desire.

For persons residing in a residential site licensed according to MN Statutes, chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:

- 1. Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person.**

You may use the house phone on a daily basis and have private conversations. If you make long distance or collect calls, you will be expected to pay for those charges yourself. Because the company phone is used by others, please be considerate of the needs of others.

- 2. Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication.**

No one other than yourself or someone you have given permission to may open and/or read your mail or e-mail/electronic correspondence. You may also send mail or e-mail/electronic correspondence without concern that your privacy will be violated.

- 3. Have use of and free access to common areas in the residence and the freedom to come and go from the residence at will.**

This company considers the residence you live in as your home and therefore you have use of and access to the common areas within the home including the kitchen, dining area, laundry, and shared living areas, to the extent desired. Your bedroom remains your private area and is not considered a common area of the residence. Since common areas are shared, please be respectful of others and their use of the areas. As this is your home, you may come and go at will.

- 4. Choose the person's visitors and times of visits and have privacy for visits with the person's spouse, next of kin, legal counsel, religious adviser, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom**

You have the right to privacy for visits with persons of your choice and may do so in the privacy of your own bedroom, including the time of the visits.

- 5. Have access to three nutritionally balanced meals and nutritious snacks between meals each day.**

This company believes in providing healthy meals to you as well as nutritious snacks throughout the day. We value your health and wellness regarding food and beverages and nutritious intake.

- 6. The freedom and support to access food and potable water at any time.**

This company values your health and will provide you with access to drinkable water and nutritious meals and snacks. This includes having the freedom and support to access food at any time.

- 7. The freedom to furnish and decorate the person's bedroom or living unit.**

We understand that having a space that suits your preferences, wants, and needs is important, and the company will support you in decorating your bedroom or unit as you choose.

- 8. A setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin, and insects.**

The company knows that is important to have a home that is clean and welcoming for you and we will do what we can to meet this requirement. Please contact us if you have questions or concerns about the setting.

- 9. A setting that is free from hazards that threaten the person's health or safety.**

Your health and safety are very important to us and we want to ensure that there are no hazards that could threaten that. Please contact us if you have questions or concerns about the setting.

10. A setting that meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.

This company follows and will meet state and local requirements of a dwelling unit. Please contact us if you have questions or concerns about the setting.

~ I understand that only to protect my health, safety, and well-being can my rights be restricted. If they are or will be restricted, I have received an explanation of what the right restriction means and that the company must document and implement this restriction according to MN Statutes, chapter 245D. It has also been explained to me that the company will support me in getting my rights returned to me as soon as possible.

Initial _____

~I have received a written notice identifying my rights.

Initial _____

~These rights have been explained to me in a way I understand.

Initial _____

Client Name: _____ Client Signature: _____

Date Signed: _____

If Applicable:

Legal Representative Name _____ Date Signed: _____

Legal Representative Signature _____



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Release of Information Authorization and Text Messaging/SMS Opt-In

Person name: _____ Program name: **Soulful Solutions, Inc**

This program may need to obtain information from or share information with other individuals, programs, or providers. This program needs information to provide your services. If this program does not get the requested information, or if we cannot share it with others who work with you, then this program might not be able to provide you with services you may need, or this program's assistance may be hindered. Also, this program may not be following government laws or regulations.

I, _____ Authorize Soulful Solutions Inc. to disclose and release my records to the following: All providers on my CSSP (if applicable), Current and potential housing providers, including landlords and ICS providers.

Indicate the types of records that will be disclosed or released: Any records that will help with your Housing Stabilization Services. This information will be used for: Communication with your team, help with applications and benefit assistance.

I, _____ Authorize All providers on my CSSP (if applicable), Current and potential housing providers, including landlords and ICS providers to disclose and release records to Soulful Solutions Inc.

Indicate the types of records that will be disclosed or released: Any records that will help with your Housing Stabilization Services. This information will be used for: Communication with your team, help with applications and benefit assistance.

I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to the release of this information, but not doing so may affect this program's

ability to provide needed services to me.

- If I do not consent, the information will not be released unless the law allows it.
- I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already been released.
- The person(s) or agency (ices) who get my information may be able to pass it on to others.
- If my information is passed on to others by this program, it may no longer be protected by this authorization.
- This consent will end one year from the date I sign.

Text Messaging/SMS Opt-In: To opt-in enter your cell phone number, if you do not want to receive messages do NOT add your cell number. Thank you!

I authorize Soulful Solutions and its representatives to text message me at: _____

Only staff that are working on your case will send your messages, and only as needed and if this is your preferred method of communication. Soulful Solutions does not charge a fee for messaging.

I also acknowledge that message and data rates may be applied, and that consent is not a condition of purchasing our services. Furthermore, I acknowledge that I am aware that I can withdraw my consent at any time by replying to a text message with the word "STOP".

Privacy Policy: *Soulful Solutions is committed to safeguarding the privacy of our users. We want to assure you that we do not sell your personal information to third parties. This privacy policy outlines how we collect, use, and protect the information you provide us. We only collect the information necessary to provide our services. This may include name, email address, phone number, and other identifying information. We do not sell or rent this information to any third parties. This information will only be shared with third parties when necessary for your services (e.g. assistance applications, housing applications). We do not share your information with external parties for marketing purposes. You have the right to correct and update your information. If you have any concerns or questions about your data, please contact us at info@soulfulsolutionsinc.com We may update our privacy policy from time to time. Any changes will be communicated to you, and your continued use of our services implies your acceptance of the updated policy. By using our services, you agree to the terms outlines in this privacy policy.*

Client Name: _____ Client Signature: _____

Date Signed: _____

If Applicable:

Legal Representative Name _____ Date Signed: _____

Legal Representative Signature _____