# HEARTZ 2 HEART DEVELOPMENTAL LIVING LLC

## Beneficiary and Guardian Rights Policy Acknowledgment and Consent Form

### Beneficiary Information

**Beneficiary Name:** _____

**Date of Birth:** _____

**Medicaid ID Number (if applicable):** _____

**Service Location:** _____

### Guardian Information (If Applicable)

**Guardian Name:** _____

**Relationship to Beneficiary:** _____

**Phone Number:** _____

**Email Address:** _____

# PURPOSE

Heartz 2 Heart Developmental Living LLC is committed to protecting the rights, dignity, privacy, independence, and personal choices of every individual receiving services. This document outlines the rights of beneficiaries and legal guardians in accordance with Arkansas Division of Developmental Disabilities Services (DDS) regulations and Home and Community-Based Services (HCBS) requirements.

A copy of this policy will be provided before services begin and will be made available upon request at any time.

# BENEFICIARY RIGHTS

As a beneficiary of Heartz 2 Heart Developmental Living LLC services, I understand that I have the following rights:

## 1. Freedom From Abuse and Exploitation

I have the right to be free from:

- Physical abuse
- Psychological or emotional abuse
- Neglect
- Retaliation
- Coercion
- Humiliation
- Financial exploitation

Corporal punishment is strictly prohibited and will never be used by Heartz 2 Heart Developmental Living LLC.

## 2. Financial Freedom

I have the right to control and manage my own financial resources unless otherwise limited by law or court order.

## 3. Personal Property Rights

I have the right to receive, purchase, possess, use, and enjoy my personal property.

Any restriction on this right must be based on an assessed need and documented in my Person-Centered Service Plan (PCSP).

## 4. Decision-Making Rights

I have the right to actively participate in decisions affecting my life and services.

I understand:

- Competent adults age 18 and older sign their own consents and releases.
- A legal guardian may only exercise authority specifically granted by a court order.
- Adults who are legally competent may decide whether family members participate in service planning.

## 5. Privacy Rights

I have the right to privacy regarding my personal information, communications, living environment, and services.

Any restriction must be supported by an assessed need and documented in my PCSP.

## 6. Choice of Roommate

If I share a bedroom, I have the right to choose my roommate whenever possible.

## 7. Communication Rights

I have the right to communicate publicly or privately with individuals or groups of my choosing.

This includes:

- Telephone communication
- Mail
- Electronic communication
- Social interactions

Any restriction must be justified in my PCSP.

## 8. Visitor Rights

I have the right to receive visitors of my choosing at times that are convenient for me.

## 9. Freedom of Religion

I have the right to practice, participate in, or decline any religious belief or activity of my choosing.

## 10. Freedom From Improper Restraints

I have the right to be free from inappropriate:

- Physical restraints
- Chemical restraints
- Isolation
- Punishment through medication

Any approved intervention must comply with applicable laws and regulations.

## 11. Employment Rights

I have the opportunity to seek employment and work in competitive, integrated community settings to the same extent as individuals not receiving HCBS services.

## 12. Freedom From Unpaid Labor

I cannot be required to work without compensation.

The only exception is participation in maintaining my own personal living space or shared common areas within my residence.

## 13. Dignity and Respect

I have the right to be treated with dignity, courtesy, respect, and consideration at all times.

## 14. Due Process Rights

I have the right to:

- Fair treatment
- Advocacy services
- Legal representation when appropriate
- Access to grievance and complaint procedures

Provider rules may not be unfair, arbitrary, or unreasonable.

## 15. Appeal Rights

I have the right to contest and appeal decisions made by Heartz 2 Heart Developmental Living LLC that affect my services, rights, supports, or quality of life.

## 16. Investigation of Rights Violations

I have the right to request and receive an investigation regarding any alleged violation of my rights.

I understand that:

- Heartz 2 Heart Developmental Living LLC will document and investigate complaints.
- Appropriate corrective action will be taken when necessary.
- I will be informed of my right to appeal according to DDS requirements.

## 17. Access to Records

I have the right to access my records, including:

- Service records
- Billing information
- Documentation of services provided
- Information regarding management and use of my funds

Appropriate assistance will be provided if needed to access records.

## 18. Independence and Personal Choice

I have the right to live in a manner that promotes autonomy, independence, and personal choice, including choices regarding:

- Provider selection
- Service delivery
- Release of information
- Members of my service team
- Participation in research projects
- Daily activities
- Physical environment
- Relationships and social interactions

## 19. Constitutional and Legal Rights

I retain all legal and constitutional rights afforded to me under state and federal law unless specifically restricted by a lawful court order.

# GUARDIAN RIGHTS

When a legal guardian has been appointed by a court, the guardian has the right to:

- Participate in service planning and decision-making as authorized by court order.
- Receive information necessary to support the beneficiary.
- Access records as permitted by law.
- Request investigations into alleged rights violations.
- Participate in appeals and grievance procedures.
- Receive notification of incidents, emergencies, or significant changes affecting the beneficiary.

# GRIEVANCE AND COMPLAINT PROCEDURE

Beneficiaries and guardians may file complaints without fear of retaliation.

Complaints may be reported to:

**Heartz 2 Heart Developmental Living LLC**

**Phone: _____**

**Email: _____**

**Address: _____**

# ACKNOWLEDGMENT OF RECEIPT

By signing below, I acknowledge that:

☐ I have received a copy of the **Heartz 2 Heart Developmental Living LLC Beneficiary and Guardian Rights Policy**.

☐ My rights have been explained to me in a language and manner I understand.

☐ I understand that I may request another copy of this policy at any time.

☐ I understand how to report concerns, complaints, abuse, neglect, exploitation, or rights violations.

☐ I understand my right to appeal decisions affecting my services.

☐ I have had the opportunity to ask questions regarding my rights.

## Beneficiary Signature

**Beneficiary Name (Printed): _____**

**Signature: _____**

**Date: _____**

## Guardian Signature (If Applicable)

**Guardian Name (Printed): _____**

**Signature: _____**

**Date: _____**

**Relationship to Beneficiary: _____**

## Heartz 2 Heart Developmental Living LLC Representative

**Staff Name (Printed): _____**

**Title: _____**

**Signature: _____**

**Date: _____**