

Bethany for Children & Families (Bethany) wants you to have sufficient information to make informed decisions about using the organization and its services. It is important for you to understand your rights and responsibilities.

Statement of Client Rights and Responsibilities

Your rights include, but are not limited to the following. You have the right to:

* Have these rights and responsibilities, as well as other Bethany documents, explained to you in a way that you understand.
* Receive program information so you can understand the nature and purpose of services.
* Participate voluntarily in your services, except in specific instances (i.e., if you are under age 18 or if your services are court ordered, etc.).
* Participate in the development and review of your service plan (at least every six months) and to make decisions about the services you receive.
* Receive services free from discrimination. No person will be denied services or treated differently based on his/her age, sex, race, gender, religious belief, ethnic origin, marital status, disability, sexual orientation, or criminal record.
* Have accommodations as required by the Americans with Disabilities Act, the Rehabilitation Act, and the Human Rights Act.
* Humane care in the least restrictive environment; and be notified of any restrictions.
* Report incidences of abuse and neglect.
* Consistent enforcement of any program rules and expectations.
* Confidentiality and protection of the records held at Bethany regarding your services in accordance with federal and state laws.
* Make a complaint or file a grievance, in accordance with the grievance procedure.
* Access your records in accordance with federal and state laws.
* Services being provided and at the times agreed upon in your service plan.
* Be free from physical restraint, unless such restraint is used as a therapeutic measure.
* Not have your services denied, reduced, suspended, or terminated for exercising your rights.
* Be informed about any fees associated with your services.
* Contact the Guardianship and Advocacy Commission, Equip for Equality, Illinois DCFS, Illinois Department of Corrections, Illinois DHS, or Iowa DHS regarding your case. You have the right to have staff assistance if needed to contact these organizations.

Your responsibilities include, but are not limited to the following. You are responsible for:

* Asking questions about any aspects of services that are unclear.
* Treating other clients and Bethany staff with respect and courtesy.
* Respecting the confidentiality of other clients with whom you may come into contact.
* Providing complete and accurate information to Bethany.
* Keeping your appointments or canceling in a timely manner.
* Cooperating with and actively participating in your services.
* Voicing your concerns through the proper channels.

Grievance Procedure

You have the right to grievance without interference of Bethany staff and without fear of retaliation. This process is used when you do not agree with a denial or change of service, policy, or procedure; or you feel your rights have been violated or you have been treated unfairly.

Grievances must be filed within five days of the alleged violation and should follow this procedure:

1. Clients should first discuss complaints with his/her immediate primary worker’s supervisor.
2. If this is not satisfactory, the client may then appeal the matter to the next appropriate level of supervision, in writing. The supervisor will respond within five working days, in writing.
3. If that response is not satisfactory, the client may request the matter be referred to the President/CEO. The Division Director will file a written statement to the President/CEO with a copy of client’s written statement. The President/CEO will investigate the matter and respond. The decision of the President/CEO is final.

Bethany for Children & Families will maintain a record of all grievances and response to those grievances.

Client Name:

I have been provided a copy of my rights and responsibilities and grievance procedure. These were explained to me in a manner in which I understood.

Oral consent given Date:

Client Signature (12 or over) Date  Copy provided to client  Copy declined

☐ Oral consent given Date:

Guardian Signature Date ☐ Copy provided to client ☐ Copy declined

As a staff member of Bethany for Children & Families, I affirm that I have explained these rights and responsibilities and the grievance procedure in a manner of communication that the client understands, and this client has acknowledged his/her understanding.

Staff Signature Date

Important Contact Information

*Child Abuse and Neglect Reporting*

Illinois at 1.800.252.2873

Iowa at 1.800.326.2178

*Guardianship and Advocacy Commission*

421 East Capital Avenue, #205

Springfield, Illinois 62701

217.785.1540

*Equip for Equality, Inc.*

1612 2nd Avenue

Rock Island, Illinois 61201

309.786.6868