



INFORMED CONSENT - Service Coordination

What are *my* "rights" when receiving Service Coordination Services?

I have the right to the following:

- To obtain services and to be educated on how they are provided
- To refuse services
- To choose my service provider
- To interview Service Coordinators (in the agency I choose) who have an opening
- To be involved in the development of the Service Coordination plan
- To have family members of my choice involved in the Service Coordination plan
- To receive services that are ethically provided
- To receive services that are high in quality and consistent with my personal choices
- To be informed of all providers available for a service that I need coordinated
- To have my confidentiality protected
- To be treated in a respectful manner
- To contact the company Administrator or the Department of Health and Welfare ACCESS Unit if I have concerns that cannot be resolved with my Service Coordinator or with the Service Coordination Program Director

What are my responsibilities in receiving Service Coordination?

- To be involved in the development of the Service Coordination plan
- To follow through with the goals that I helped to develop on the Service Coordination plan
- To keep my scheduled appointments with my Service Coordinator, or to inform my Service Coordinator of the need to cancel or reschedule an appointment
- To maintain confidentiality (not talk about) other clients I may know
- To give 30 days' notice to my Service Coordinator if I want to change to another agency (this will allow time to process all paperwork and make sure there is a smooth transition)

What are the responsibilities of my Service Coordinator?

- To participate in the development of my Service Coordination plan goals
- To allow me to be the primary decision maker in my plan goals
- To help find, set up, and monitor the services I need, and to help me make any changes in services or problem solve issues with those who provide my services.
- To maintain confidentiality about me and my plan
- To not exchange information about me or my plan with others unless I have signed an information release
- To give me a 30 day notice if they need to cancel Service Coordination
- To help me find a new agency, or to direct me to the ACCESS Unit at Health and Welfare to help me find a new Service Coordinator
- To keep me educated on how to do things myself, to the best of my ability

My acknowledgement indicates that I have read this informed consent and have received a copy. I verify the following:

1. I understand that this program is completely voluntary
2. I have been informed of, and given a choice of Service Coordination providers
3. I choose Innovative Health Care to provide Service Coordination