**CONSUMER RIGHTS**

**Western New York Independent Living, Inc.**

***family of agencies…***

**Confidentiality**

 Every consumer and/or legal guardian of the consumer has the right to see their own Consumer Service Record (CSR). A consumer and/or legal guardian of the consumer can authorize the use of information in his/her file. This authorization must be granted in writing. Access to a CSR shall be given to the Chief Executive Officer, Program Directors, Case Service Record Coordinators, Corporate Compliance Officer, Internal Audit Team, Direct Service Provider and Program Committee of the Board of Directors. HIPAA requirements cover many of the services WNYIL provides. To ensure Agency compliance with HIPAA regulations, in a specific written request, the consumer and/or legal guardian of the consumer will identify what information can be released and to whom, i.e. general and/or HIV related information. **No information** will be released without written permission of the consumer and/or legal guardian of the consumer.

 Consumers and/or legal guardian of the consumer will be given a formalized appeal process in writing to remedy any unsatisfactory situations.

 Western New York Independent Living, Inc. family of agencies CSR’s on consumers are subject to review by appropriate funding sources and can be subpoenaed by courts. Law does not protect the rules of confidentiality when injury to self or others is at stake. A CSR is maintained and is subject to quality review by the Program Committee of the Board of Directors, consumer, and/or legal guardian of the consumer.

**Consumer Appeal Process**

 It is our policy to provide effective and acceptable means for consumers and/or legal guardian of the consumer to bring problems and complaints concerning their receipt of services to the appropriate persons. Consumers and/or legal guardian of the consumer are encouraged to settle grievances informally through discussion with their Service Provider and/or using the resources of the Executive and Program Directors. At all times during this process the consumer and/or legal guardian of the consumer have access to their CSR. If this does not remedy the situation, any Consumer and/or legal guardian of the consumer may bring up a grievance in the following manner:

**Step I** – Promptly submit a written statement of the grievance to the Chief Executive Officer, including notes of any informal meeting and discussions. The Chief Executive Officer has the responsibility of responding to the grievance within 5 business days. If necessary, a meeting will be set up to take place no later than 3 business days from the time the grievance was first submitted to the Chief Executive Officer. The Chief Executive Officer will render a decision. Written record shall be kept of this grievance and resolution and placed in the CSR.

 If the Chief Executive Officer fails to respond to the grievance or the Consumer and/or legal guardian of the consumer feels the decision is not acceptable or if a solution has been reached but is not adhered to, he/she may proceed to Step II. If the grievance is with the Chief Executive Officer, the process will start with Step II.

**Step II** - Submit a written statement of the grievance to the Program Committee, including notes of any meetings or discussions. This should be done promptly. The Program Committee has the responsibility of responding to the grievance within 10 business days. If necessary, a meeting will be set up to take place no later than 8 business days from the time the grievance was first submitted to the Program Committee. The Program Committee will render a decision. Written record shall be kept of this grievance and resolution and placed in the CSR.

 In all cases, the decision of the Program Committee shall be binding. If the Program Committee fails to respond to the grievance or the Consumer and/or legal guardian of the consumer feels the decision is not acceptable, or if solution has been reached but is not adhered to, he/she may contact:

* NYS Adult Career and Continuing Education Services (ACCES-VR), 1 Commerce Plaza, Room 1607, 99 Washington Ave., Albany, NY 12234 at (800) 222-5627 (voice) or (518) 486-3773 (TTY).
1. If you are receiving services through Developmental Disabilities Regional Office (DDRO) Region 1, please contact Quality Assurance at (716) 674-6300; or the Commissioner of New York State Office of Persons With Developmental Disabilities at (518) 473-1997 (voice), (518) 474-3694 (TTY).
* If you are receiving services through NYS Office of Mental Health (NYSOMH), please contact NYS Justice Center for the Protection of People with Special Needs, 161 Delaware Avenue, Delmar, New York 12054-1310 at (518) 549-0200 (Voice) or TTY: 7-1-1 for the NYS Relay and give the operator (518) 549-0200. Report Abuse at (855) 373-2122 (staffed 24 hours a day, 7 days a week) or (855) 373-2123 (TTY)
* You have the right to contact the Client Assistance Program, which is a resource designed to assist those who are applying for or receiving services from federally funded Independent Living Centers (ILCs). CAP also serves applicants and clients of ACCES-VR and the NYS Commission for the Blind. Contacting CAP for service is not a formal part of any ILC grievance process. CAP is exclusively operated by Disability Rights New York (DRNY). If you have questions, concerns or are experiencing disputes regarding this ILC, please feel free to contact DRNY for assistance: Disability Rights New York, 725 Broadway, Suite 450, Albany, NY 12207 (Main) 518-432-7861 (Toll-Free) 800-993-8982 (TTY) 518-512-3448 (Email) mail@DRNY.org

Additionally, WNYIL has a compliance program to ensure that the Agency is compliant with all applicable laws and regulations and that all reasonable steps are taken to combat fraud, waste or abuse in all of its programs. Suspicion of fraud, waste or abuse in any of the programs overseen by WNYIL should be reported to: WNYIL Corporate Compliance Officer, Tina Brown, 3108 Main Street, Buffalo, NY 14214, tbrown@wnyil.org, Local (716)-836-0822, ext. 102, Toll-free Compliance Hotline 1-866-576-8042 or by email

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By signing this form, I am confirming that as a Consumer of WNYIL, Inc.’s family of agencies, I have been fully notified of the following:

* My rights and responsibilities as a Consumer.
* My right to confidentiality.
* The internal procedure and process of filing a grievance with our Agency.
* Who to contact if I am dissatisfied with the resolution of my complaint.

Relationship: \_\_\_\_\_ Consumer \_\_\_\_\_ Parent

 \_\_\_\_\_ Guardian \_\_\_\_\_ Designated Representative

Print Consumer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN (Last 4) \_\_\_\_\_\_\_

Print Name if Parent/Guardian/Designated Representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_