



RIGHTS OF CHILDREN AND THEIR FAMILIES/CAREGIVERS

It is the policy of Ocean Partnership for Children that youth and their families have the right to:

- Be treated with respect, dignity, and recognition with regard to privacy and cultural sensitivity, including gender, sexual orientation, age, religion, and national origin, disability, or health status.
- Be free from discrimination solely by reason of gender, sexual orientation, race, age, religion, martial status, veteran status or disability. Additionally, to be free from abuse, exploitation, retaliation, humiliation, neglect and violation of personal and physical boundaries.
- Be entitled to request and receive information regarding their family, their care, and their clinical records.
- Expect the Agency will disclose any potential conflicts of interest.
- Expect that all identifying information regarding current or previous services, contacts, and treatment be kept confidential, to the extent allowed by law.
- Expect that no identifying information will be released without having the valid written consent of that child and their legal guardian (when applicable) on file. Additionally, children and families have a right to refuse to disclose information to the agency, although in some cases this may be a barrier to service.
- Have a choice regarding: service delivery, release of information, concurrent services, composition of the child & family team, and involvement in research projects (when applicable). Additionally, youth and families have the right to refuse or withdraw consent at any time.
- Be informed of services & benefits available and how to access care.
- Choose and/or change provider(s). (The selection of providers may be limited to boundaries of participant's insurance program including Medicaid, and ability to pay).
- Be informed of what to expect from each provider, including proper protocol for signing Encounter Forms for certain providers; this includes
 - An explanation that the family should only sign Encounter Forms at the END OF EACH SESSION.
 - BEFORE THE YOUTH OR CAREGIVER SIGNS, forms should be completed with the date and length of the visit filled in.
 - Families should only sign if the service provided was provided on the date and for the length of time set forth on the Encounter Form
- Receive care in a timely manner. Timely manner applies to best practices and timeliness established within the CSOC. These timelines are part of the information available to all children and their families/ caregivers.
- Received assistance from Ocean Partnership for Children to build a Child and Family Team to support families in realizing their vision and achieving their goals. The Child and Family Team may include formal and informal supports (pediatrician, psychiatrist, teachers/school personnel, coaches, religious clergy, friends neighbors, etc.) chosen by the family to aid in the achievement of goals.
- If applicable, receive referral to and/or information about other services and entities that may support the family in a broad array of domains (e.g. legal, self-help, advocacy, etc.)

- Participate in a candid discussion with their system partners(s) regarding appropriate options necessary to achieve their family vision, regardless of cost or benefit coverage.
- Regarding Complaints, Grievances, and Reconsiderations:
 - Openly communicate complaints or grievances, or request reconsiderations about any CSOC partner / provider regarding service, care, benefit payment, administrative action, or quality of care issues without fear of retaliation or of losing their benefits.
 - Have concerns, requests and complaints investigated and resolved, in most cases within thirty (30) business days from the Agency's receipt of a written request, complaint or grievance with continued support and assistance during and until their concern is resolved.
 - Have complaints, grievances, and reconsiderations reviewed by a party or not involved in previous decisions regarding the same issue. After the complaint, grievance, and reconsideration process at the local level, the child and family / caregivers have the right to advance their issue to the next level with the CSOC, which will utilize their procedures to help the family resolve the issue.
- Request reasonable accommodations to remove barriers to access services.
- Know when service will change or end. Your Care Manager will discuss all authorized services including the start and end date for services. You are eligible for services until:
 - Your child becomes 21 years old, or otherwise passes the age limit for certain services or support.
 - You, as the parent/legal guardian of the youth (and/or the youth, if applicable) give notice that you do not wish to continue with the services, or decline to engage in services for 60 days.
 - Your child becomes ineligible for services or services are no longer clinically indicated.
 - You are unable or unwilling to provide the information necessary to obtain Medicaid.
 - You and your Child and Family Team determine that you are ready to transition out of services ("Graduate") from Ocean Partnership for Children.

It is the policy of Ocean Partnership for Children that youth and their families are Responsible for:

Remaining in contact with their Care Manager.

Understanding that Care Managers and provider staff will not be reassigned for non-therapeutic reasons; for example, solely for reasons of gender, sexual orientation, race, age, religion, marital status, veteran status or disability.

Attending regularly scheduled Child and Family Team meetings and face to face meetings.

Participating in regularly scheduled meetings with all providers authorized by Ocean Partnership for Children.

Providing information and documentation necessary to obtain Medicaid.

Asserting their rights as appropriate (see above).

Being an active participant in realizing their vision and achieving their goals.

IMPORTANT NOTICE: Ocean Partnership for Children, Inc. does not condone or tolerate the use and/or possession of illegal drugs, tobacco products or weapons; nor the illegal use of over-the-counter or prescription medication. Violations of this policy may result in reports to appropriate authorities, and other actions as deemed necessary by the Agency to ensure the safety of the individual, all child and family team members, employees, and the community at large.



Youth Name: _____ **CYBER ID:** _____

RIGHTS OF CHILDREN AND THEIR FAMILIES/CAREGIVERS ACKNOWLEDGEMENT

MY SIGNATURE INDICATES THAT I HAVE RECEIVED OF A COPY OF OCEAN PARTNERSHIP FOR CHILDREN'S "RIGHTS OF CHILDREN AND THEIR FAMILIES/CAREGIVERS." I UNDERSTAND THE RIGHTS THAT HAVE BEEN COMMUNITCATED TO ME AS WELL AS THE RESPONSIBILITIES AS A PARTICIPANT WITH OCEAN PARTNERSHIP FOR CHILDREN

I Accept.

Parent/Guardian: _____

Date: _____

Youth: _____
(If 14 years or older)

Date: _____