

History Tracking Report: 2009 to 2010 Requirements

Accreditation Program: Behavioral Health Care

2009 Chapter: Ethics, Right, and Responsibilities

Standard RI.2.10

2009 Standard Text:

The {jc}organization{/2} respects the rights of {jc}patients{/6}.

2009 Standard: RI.2.10

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2}'s policies and practices address the rights of {jc}patients{/6} to care, treatment, and services within its capability and mission and in compliance with law and regulation.

2009 Standard: RI.2.10

2009 EP: 2

2009 EP Text:

Revision Type: Retain

Each {jc}patient{/1} has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.

2009 Standard: RI.2.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} supports the right of each {jc}patient{/1} to personal dignity.

2009 Standard: RI.2.10

2009 EP: 4

2009 EP Text:

Revision Type: Retain

In 24-hour settings, the {jc}organization{/2} accommodates the right to pastoral and other spiritual services for {jc}patients{/6}.

Standard RI.01.01.01

2010 Standard Text:

The organization respects the rights of the individual served.

2010 Standard: RI.01.01.01

2010 EP: 1

2010 EP Text:

The organization has written policies on the rights of the individual served.

2010 Standard: RI.01.01.01

2010 EP: 6

2010 EP Text:

The organization respects the cultural and personal values, beliefs, and preferences of the individual served.

2010 Standard: RI.01.01.01

2010 EP: 4

2010 EP Text:

The organization treats the individual served in a respectful manner that supports his or her dignity.

2010 Standard: RI.01.01.01

2010 EP: 9

2010 EP Text:

In 24-hour settings, the organization accommodates the right of the individual to pastoral and other spiritual services.
 Note: The spiritual services of individuals are varied and may take place in the setting or outside of the setting, and may require special considerations regarding scheduling, space, or other accommodations. Within its capabilities, the organization accommodates this right.

2009 Standard: RI.2.10
2009 EP Text:
 For Opioid Treatment Programs: The program treats women respectfully and safely.

2009 EP: 5
Revision Type: Retain

2010 Standard: RI.01.01.01
2010 EP Text:
 For opioid treatment programs: The program treats women respectfully and safely.

2010 EP: 15

2009 Standard: RI.2.10
2009 EP Text:
 For Opioid Treatment Programs: The medication schedule (dosing times/program hours) is the least intrusive and disruptive schedule for the majority of patients.

2009 EP: 6
Revision Type: Retain

2010 Standard: RI.01.01.01
2010 EP Text:
 For opioid treatment programs: The medication schedule (dosing times/program hours) is the least intrusive and disruptive schedule for the majority of patients.

2010 EP: 16

2009 Standard: RI.2.10
2009 EP Text:
 For Opioid Treatment Programs: Satisfaction surveys allow patients to provide feedback on program policies and services. (See also PI.1.10, EP 3)

2009 EP: 7
Revision Type: Retain

2010 Standard: RI.01.01.01
2010 EP Text:
 For opioid treatment programs: Satisfaction surveys allow patients to provide feedback on program policies and services. (See also PI.01.01.01, EP 16)

2010 EP: 17

Standard RI.2.20

2009 Standard Text:

{c}Patients{/6} receive information about their rights.

2009 Standard: RI.2.20

2009 EP: 1

2009 EP Text:

Revision Type: Retain

Information on rights is provided to each {c}patient{/1}.

2009 Standard: RI.2.20

2009 EP: 6

2009 EP Text:

Revision Type: Retain

The {c}patient{/1} has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her own clinical/service information as permitted under applicable law.

2009 Standard: RI.2.20

2009 EP: 9

2009 EP Text:

Revision Type: Retain

In 24-hour settings {c}patients{/6} are informed about the {c}organization{/2}'s policies and procedures regarding the handling of medical emergencies. (See standard PC.9.20 regarding policies and procedures for medical emergencies.)

2009 Standard: RI.2.20

2009 EP: 10

2009 EP Text:

Revision Type: Retain

If a client is disoriented or in any state that impairs cognition at the time of entry, he or she is informed of his or her rights at an appropriate time during care, treatment, and services.

2009 Standard: RI.2.20

2009 EP: 11

2009 EP Text:

Revision Type: Retain

Each client is informed of the program rules.

2009 Standard: RI.2.20

2009 EP: 12

2009 EP Text:

Revision Type: Retain

For Opioid Treatment Programs: The program obtains written acknowledgement from patients that they received a copy of their rights and that these rights were discussed with them.

Standard RI.01.01.01

2010 Standard Text:

The organization respects the rights of the individual served.

2010 Standard: RI.01.01.01

2010 EP: 2

2010 EP Text:

The organization informs the individual served of his or her rights. (See also RI.01.01.03, EPs 1-3)

2010 Standard: RI.01.01.01

2010 EP: 10

2010 EP Text:

In accordance with law and regulation, the organization allows the individual served to access and request amendment to his or her health information and to obtain information on disclosures of this information.

2010 Standard: RI.01.01.01

2010 EP: 18

2010 EP Text:

In 24-hour settings, individuals served are informed about the organization's policies and procedures regarding the handling of medical emergencies. (See also RI.01.02.01, EP 6)

2010 Standard: RI.01.01.01

2010 EP: 23

2010 EP Text:

If an individual served is disoriented or lacks capacity to understand rights at the time of entry, he or she is informed again when he or she is able to understand.

2010 Standard: RI.01.01.01

2010 EP: 22

2010 EP Text:

The organization informs the individual served of the program rules.

2010 Standard: RI.01.01.01

2010 EP: 20

2010 EP Text:

For opioid treatment programs: The program obtains written acknowledgement from patients that they received a copy of their rights and that these rights were discussed with them.

2009 Standard: RI.2.20
2009 EP Text:
 For Opioid Treatment Programs: The program informs patients about the financial aspects of treatment, including the consequence of nonpayment of fees.

2009 EP: 13
Revision Type: Retain

2010 Standard: RI.01.01.01
2010 EP Text:
 For opioid treatment programs: The program informs patients about the financial aspects of treatment, including the consequence of nonpayment of fees.

2010 EP: 24

2009 Standard: RI.2.20
2009 EP Text:
 For Opioid Treatment Programs: The program posts patients' rights and responsibilities at the treatment site in a manner that makes the posting visible to patients.

2009 EP: 14
Revision Type: Retain

2010 Standard: RI.01.01.01
2010 EP Text:
 For opioid treatment programs: The program posts patients' rights and responsibilities at the treatment site in a manner that makes the posting visible to patients.

2010 EP: 25

2009 Standard: RI.2.20
2009 EP Text:
 For Opioid Treatment Programs: The program reviews rights and responsibilities with the patient following admission, at the end of the stabilization period, and when any changes have been made to the list of rights and responsibilities.

2009 EP: 15
Revision Type: Retain

2010 Standard: RI.01.01.01
2010 EP Text:
 For opioid treatment programs: The program reviews rights and responsibilities with the patient at admission, at the end of the stabilization period, and when any changes have been made to the list of rights and responsibilities.

2010 EP: 14

Standard RI.2.30

2009 Standard Text:

{c}Patients{/6} are involved in decisions about care, treatment, and services provided.

2009 Standard: RI.2.30

2009 EP: 1

2009 EP Text:

{c}Patients{/6} are involved in decisions about their care, treatment, and services.

Revision Type: Consolidate

2009 Standard: RI.2.30

2009 EP: 2

2009 EP Text:

{c}Patients{/6} are involved in resolving dilemmas about care, treatment, and services.

Revision Type: Consolidate

2009 Standard: RI.2.30

2009 EP: 3

2009 EP Text:

A surrogate decision maker, as allowed by law, is identified when a {c}patient{/1} cannot make decisions about his or her care, treatment, and service.

Revision Type: Delete:NE

2009 Standard: RI.2.30

2009 EP: 4

2009 EP Text:

When clients are not able, the legally responsible representative approves care, treatment, and service decisions.* *In some states, law dictates that urgent care, family planning, and/or behavioral health services can be provided to a minor without the approval or consent of a parent or guardian.

Revision Type: Retain

Standard RI.01.02.01

2010 Standard Text:

The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.

2010 Standard: RI.01.02.01

2010 EP: 1

2010 EP Text:

The organization involves the individual served in making decisions about his or her care, treatment, or services.

Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services.

2010 Standard: RI.01.02.01

2010 EP: 1

2010 EP Text:

The organization involves the individual served in making decisions about his or her care, treatment, or services.

Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: RI.01.02.01

2010 EP: 6

2010 EP Text:

When an individual served is unable to make decisions about his or her care, treatment, or services, or chooses to delegate decision making to another, the organization involves the surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6; RI.01.01.01, EP 18)

<p>2009 Standard: RI.2.30 2009 EP Text: The family, as appropriate and as allowed by law, with permission of the patient or surrogate decision maker, is involved in care, treatment, and service decisions.</p>	<p>2009 EP: 5 Revision Type: Retain</p>	<p>2010 Standard: RI.01.02.01 2010 EP Text: The individual served has the right to involve his or her family in decisions about care, treatment, or services. When there is a surrogate decision-maker, he or she can exercise the right to involve the family on behalf of the individual served, in accordance with law and regulation. (See also RI.01.07.01, EP 2)</p>	<p>2010 EP: 8</p>
<p>2009 Standard: RI.2.30 2009 EP Text: Clients, at their own expense, can request the opinion of a consultant.</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: RI.01.02.01 2010 EP Text: The organization accommodates the right of the individual served to request the opinion of a consultant. Note: This element of performance does not require the organization to pay for consultant services.</p>	<p>2010 EP: 9</p>
<p>2009 Standard: RI.2.30 2009 EP Text: Clients can request an in-house review of their care, treatment, and service plan.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: RI.01.02.01 2010 EP Text: The organization accommodates the right of the individual served to request an internal review of his or her plan of care, treatment, or services.</p>	<p>2010 EP: 10</p>
<p>2009 Standard: RI.2.30 2009 EP Text: The organization has a process for conflict resolution.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: RI.01.02.01 2010 EP Text: The organization has a process for resolving disagreements about therapeutic issues.</p>	<p>2010 EP: 11</p>
<p>2009 Standard: RI.2.30 2009 EP Text: For Opioid Treatment Programs: The program allows for patient choice in seeking alternative therapies and provides support to patients who choose to explore these alternatives. Note: Programs may provide culturally appropriate or popular and non-harmful alternative therapies, such as acupuncture or providing a space for sweat lodge.</p>	<p>2009 EP: 14 Revision Type: Retain</p>	<p>2010 Standard: RI.01.02.01 2010 EP Text: For opioid treatment programs: The program allows for patient choice in seeking alternative therapies and provides support to patients who choose to explore these alternatives. Note: Programs may provide culturally appropriate or popular and nonharmful alternative therapies, such as acupuncture or providing a space for a sweat lodge.</p>	<p>2010 EP: 28</p>

Standard RI.2.40

2009 Standard Text:

Informed consent is obtained.

2009 Standard: RI.2.40

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent
The process used to obtain informed consentHow informed consent is to be documented in the recordWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

2009 Standard: RI.2.40

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent
The process used to obtain informed consentHow informed consent is to be documented in the recordWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

2009 Standard: RI.2.40

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2}'s policies describe the following:Which, if any, procedures or care, treatment, and services provided require informed consent
The process used to obtain informed consentHow informed consent is to be documented in the recordWhen a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consentWhen procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

Standard RI.01.03.01

2010 Standard Text:

The organization honors the right of the individual served to give or withhold informed consent.

2010 Standard: RI.01.03.01

2010 EP: 1

2010 EP Text:

The organization has a written policy on informed consent.

2010 Standard: RI.01.03.01

2010 EP: 2

2010 EP Text:

The organization's written policy identifies the specific care, treatment, or services that require informed consent, in accordance with law and regulation.

2010 Standard: RI.01.03.01

2010 EP: 3

2010 EP Text:

The organization's written policy describes circumstances that would allow for exceptions to obtaining informed consent.
Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse.

2009 Standard: RI.2.40

2009 EP: 1

2010 Standard: RI.01.03.01

2010 EP: 6

2009 EP Text:

Revision Type: Split

2010 EP Text:

The {jc}organization{/2}'s policies describe the following: Which, if any, procedures or care, treatment, and services provided require informed consent The process used to obtain informed consent How informed consent is to be documented in the record When a surrogate decision maker, rather than the {jc}patient{/1}, may give informed consent When procedures or care, treatment, and services normally requiring informed consent may be given without informed consent

The organization's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)

2009 Standard: RI.2.40

2009 EP: 2

2010 Standard: RI.01.03.01

2010 EP: 13

2009 EP Text:

Revision Type: Retain

2010 EP Text:

Informed consent is obtained and documented in accordance with the {jc}organization{/2}'s policy.

Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4)

2009 Standard: RI.2.40

2009 EP: 3

2010 Standard: RI.01.03.01

2010 EP: 7

2009 EP Text:

Revision Type: Split

2010 EP Text:

A complete informed consent process includes a discussion of the following elements: *The nature of the proposed care, treatment, services, medications, interventions, or procedures The likelihood of achieving goals Reasonable alternatives The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services When indicated, any limitations on the confidentiality of information learned from or about the {jc}patient{/1} When indicated, potential problems related to recovery or reunification with families *Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served.

2009 Standard: RI.2.40

2009 EP: 3

2010 Standard: RI.01.03.01

2010 EP: 11

2009 EP Text:

Revision Type: Split

2010 EP Text:

A complete informed consent process includes a discussion of the following elements: *The nature of the proposed care, treatment, services, medications, interventions, or procedures The likelihood of achieving goals Reasonable alternatives The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services When indicated, any limitations on the confidentiality of information learned from or about the {j}patient{/1} When indicated, potential problems related to recovery or reunification with families *Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

The informed consent process includes a discussion about reasonable alternatives to the individual's proposed care, treatment, or services. The discussion encompasses risks and benefits related to the alternatives and the risks related to not receiving the proposed care, treatment, or services.

2009 Standard: RI.2.40

2009 EP: 3

2010 Standard: RI.01.03.01

2010 EP: 12

2009 EP Text:

Revision Type: Split

2010 EP Text:

A complete informed consent process includes a discussion of the following elements: *The nature of the proposed care, treatment, services, medications, interventions, or procedures The likelihood of achieving goals Reasonable alternatives The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services When indicated, any limitations on the confidentiality of information learned from or about the {j}patient{/1} When indicated, potential problems related to recovery or reunification with families *Documentation of the items listed in Element of Performance 3 may be in a form, progress notes, or elsewhere in the record.

The informed consent process includes a discussion about any circumstances under which information about the individual served must be disclosed or reported.

Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse.

2009 Standard: RI.2.40

2009 EP: 4

2010 Standard: RI.01.03.01

2010 EP: 16

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: Before administering medication, the program obtains voluntary, written, informed consent from the patient for the prescribed medication-assisted therapy.

For opioid treatment programs: Before administering medication, the program obtains voluntary, written, informed consent from the patient for the prescribed medication-assisted treatment.

2009 Standard: RI.2.40

2009 EP: 5

2010 Standard: RI.01.03.01

2010 EP: 17

2009 EP Text:

Revision Type: Retain

2010 EP Text:

For Opioid Treatment Programs: The program informs patients that the goal of medication-assisted treatment is to stabilize functioning.

For opioid treatment programs: The program informs patients that the goal of medication-assisted treatment is to stabilize functioning.

2009 Standard: RI.2.40
2009 EP Text:
 For Opioid Treatment Programs: The program informs patients that the provider will periodically discuss with them their present level of functioning, course of treatment, and future goals. Note: These discussions are not intended to place pressure on the patient to either withdraw from medication or remain on medication maintenance.

2009 EP: 6
Revision Type: Retain

2010 Standard: RI.01.03.01
2010 EP Text:
 For opioid treatment programs: The program informs patients that the provider will periodically discuss with them their present level of functioning, course of treatment, and future goals. Note: These discussions are not intended to place pressure on the patient to either withdraw from medication or remain on medication maintenance.

2010 EP: 18

2009 Standard: RI.2.40
2009 EP Text:
 For Opioid Treatment Programs: Patients are informed about their disease's natural progression, including statistics about success after withdrawing from methadone.

2009 EP: 7
Revision Type: Retain

2010 Standard: RI.01.03.01
2010 EP Text:
 For opioid treatment programs: Patients are informed about their disease's natural progression, including statistics about success after withdrawing from methadone.

2010 EP: 19

2009 Standard: RI.2.40
2009 EP Text:
 For Opioid Treatment Programs: The program informs patients about potential interactions with and adverse reactions to other substances, including those related to the use of alcohol, other prescribed or over-the-counter pharmacological agents, other medical procedures, and food.

2009 EP: 8
Revision Type: Retain

2010 Standard: RI.01.03.01
2010 EP Text:
 For opioid treatment programs: The program informs patients about potential medication interactions with and adverse reactions to other substances, including those related to the use of alcohol, licit and illicit drugs, other prescribed or over-the-counter pharmacological agents, other medical procedures, and food. Note: The program should provide the patient with information about potential medication interactions throughout the course of care, treatment, or services, such as at the time of the treatment plan review and at the time there are changes to the patient's medication dose.

2010 EP: 20

2009 Standard: RI.2.40
2009 EP Text:
 For Opioid Treatment Programs: The program informs all pregnant patients with concurrent HIV infection that HIV medication treatment is currently recommended to reduce perinatal transmission and it provides pregnant patients with appropriate referrals and case management for this treatment.

2009 EP: 9
Revision Type: Retain

2010 Standard: RI.01.03.01
2010 EP Text:
 For opioid treatment programs: The program informs all pregnant patients with concurrent HIV infection that HIV medication treatment is currently recommended to reduce perinatal transmission, and it provides pregnant patients with appropriate referrals and case management for this treatment.

2010 EP: 21

Standard RI.2.50

2009 Standard Text:

Consent is obtained for recording or filming made for purposes other than the identification, diagnosis, or treatment of the {j}patients{/6}.

2009 Standard: RI.2.50

2009 EP: 1

2009 EP Text:

Revision Type: Retain

When recording or filming are to be used only for internal organizational purposes (for example, performance improvement and education), there is documentation of consent, which may be obtained as part of general consent to treatment or another form, if a statement is included in the form regarding the use of recordings or filming for such internal purposes.

2009 Standard: RI.2.50

2009 EP: 2

2009 EP Text:

Revision Type: Retain

When recording or films are made for external purposes that will be heard or seen by the public (for example, commercial filming, television programs, marketing), there is documentation of a specific, separate consent that includes the circumstances of the use of the recording or film.

2009 Standard: RI.2.50

2009 EP: 3

2009 EP Text:

Revision Type: Delete:NE

Except for the circumstances set forth in Element of Performance 4 (below), there is documentation of consent before recording or filming.

Standard RI.01.03.03

2010 Standard Text:

The organization honors the right of the individual served to give or withhold informed consent to produce or use recordings, films, or other images of the individual served for purposes other than his or her care.

2010 Standard: RI.01.03.03

2010 EP: 1

2010 EP Text:

If the organization makes and uses recordings, films, or other images of individuals served for internal use other than the identification, diagnosis, or treatment of the individual (for example, performance improvement and education), the organization obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used.

Note 1: The term “recordings, films, or other images” refers to photographic, video, electronic, or audio media.

Note 2: This element of performance does not apply to the use of security cameras.

2010 Standard: RI.01.03.03

2010 EP: 2

2010 EP Text:

If the organization makes recordings, films, or other images of individuals served for external use, the organization obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used.

Note 1: Recordings, films, or other images made for external use are those that will be heard or seen by the public (for example, commercial filming, television programs, or marketing materials).

Note 2: This element of performance does not apply to the use of security cameras.

2010 Standard: N/A

2010 EP Text:

No EP

<p>2009 Standard: RI.2.50</p> <p>2009 EP Text:</p> <p>The following occurs in situations in which the {jc}patient{/1} is unable to give informed consent before recording or filming: The recording or filming may occur before consent, provided it is within the established policy of the {jc}organization{/2} and the policy is established through an appropriate ethical mechanism (for example, an ethics committee) that includes community inputThe recording or film remains in the {jc}organization{/2}'s possession and is not used for any purpose until and unless consent is obtainedIf consent for use cannot subsequently be obtained, the recording or film is either destroyed or the nonconsenting {jc}patient{/1} must be removed from the recording or film</p>	<p>2009 EP: 4</p> <p>Revision Type: Delete:NE</p>	<p>2010 Standard: N/A</p> <p>2010 EP Text:</p> <p>No EP</p>
<p>2009 Standard: RI.2.50</p> <p>2009 EP Text:</p> <p>{jc}Patients{/6} have the right to request cessation of recording or filming.</p>	<p>2009 EP: 5</p> <p>Revision Type: Retain</p>	<p>2010 Standard: RI.01.03.03</p> <p>2010 EP: 6</p> <p>2010 EP Text:</p> <p>The organization informs the individual served of his or her right to request cessation of the production of the recordings, films, or other images.</p>
<p>2009 Standard: RI.2.50</p> <p>2009 EP Text:</p> <p>{jc}Patients{/6} have the right to rescind consent for use up until a reasonable time before the recording or film is used.</p>	<p>2009 EP: 6</p> <p>Revision Type: Retain</p>	<p>2010 Standard: RI.01.03.03</p> <p>2010 EP: 8</p> <p>2010 EP Text:</p> <p>The organization accommodates the right of the individual served to rescind consent before the recording, film, or image is used.</p>
<p>2009 Standard: RI.2.50</p> <p>2009 EP Text:</p> <p>Anyone who engages in recording or filming (who is not already bound by the {jc}organization{/2}'s confidentiality policy) signs a confidentiality statement to protect the {jc}patient's{/9} identity and confidential information .</p>	<p>2009 EP: 7</p> <p>Revision Type: Retain</p>	<p>2010 Standard: RI.01.03.03</p> <p>2010 EP: 7</p> <p>2010 EP Text:</p> <p>Before engaging in the production of recordings, films, or other images of individuals served, anyone who is not already bound by the organization's confidentiality policy signs a confidentiality statement to protect the individual's identity and confidential information.</p>

Standard RI.2.60

2009 Standard Text:

{jc}Patients{/6} receive adequate information about the person(s) responsible for the delivery of their care, treatment, and services.

2009 Standard: RI.2.60

2009 EP: 1

2009 EP Text:

Revision Type: Split

The information provided includes the following: The name of the staff member primarily responsible for their care, treatment, and services The name of the staff member who will provide the care, treatment, and services

2009 Standard: RI.2.60

2009 EP: 1

2009 EP Text:

Revision Type: Split

The information provided includes the following: The name of the staff member primarily responsible for their care, treatment, and services The name of the staff member who will provide the care, treatment, and services

2009 Standard: RI.2.60

2009 EP: 2

2009 EP Text:

Revision Type: Delete:NE

The information is given to the {jc}patient{/1} on a timely basis as defined by the {jc}organization{/2}.

Standard RI.01.04.01

2010 Standard Text:

The organization respects the right of the individual served to receive information about the staff responsible for his or her care, treatment, or services.

2010 Standard: RI.01.04.01

2010 EP: 1

2010 EP Text:

The organization informs the individual served of the name of the staff member who has primary responsibility for his or her care, treatment, or services.

2010 Standard: RI.01.04.01

2010 EP: 2

2010 EP Text:

The organization informs the individual served of the name of the staff member(s) who will provide his or her care, treatment, or services.
Note: Staff may be under the supervision of a clinician. This clinician will be identified in accordance with RI.01.04.01, EP 1.

2010 Standard: N/A

2010 EP Text:

No EP

Standard RI.2.70

2009 Standard Text:

{j}Patients{/6} have the right to refuse care, treatment, and services in accordance with law and regulation.

2009 Standard: RI.2.70

2009 EP: 1

2009 EP Text:

Revision Type: Retain

{j}Patients{/6} have the right to refuse care, treatment, and services in accordance with law and regulation.

2009 Standard: RI.2.70

2009 EP: 2

2009 EP Text:

Revision Type: Retain

When the {j}patient{/1} is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the {j}patient's{/9} behalf.

2009 Standard: RI.2.70

2009 EP: 3

2009 EP Text:

Revision Type: Retain

Clients who refuse care, treatment, and services are fully informed about the {j}organization{/2}'s responsibility, in accordance with professional standards, to terminate the relationship with the individual and the provider upon reasonable notice or to seek appropriate legal alternatives or orders of involuntary treatment.

Standard RI.01.02.01

2010 Standard Text:

The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.

2010 Standard: RI.01.02.01

2010 EP: 3

2010 EP Text:

The organization respects the right of the individual served to refuse care, treatment, or services, in accordance with law and regulation.

2010 Standard: RI.01.02.01

2010 EP: 7

2010 EP Text:

When a surrogate decision-maker is responsible for making care, treatment, or services decisions, the organization respects the surrogate decision-maker's right to refuse care, treatment, or services on behalf of the individual served, in accordance with law and regulation.

2010 Standard: RI.01.02.01

2010 EP: 4

2010 EP Text:

When an individual refuses care, treatment, or services, the organization fully informs the individual about its responsibility, in accordance with professional standards, to terminate the relationship with the individual upon reasonable notice, or to seek orders for involuntary treatment or other legal alternatives.

Standard RI.2.90

2009 Standard Text:

{jc}Patients{/6} and, when appropriate, their families are informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

2009 Standard: RI.2.90

2009 EP: 1

2009 EP Text:

Revision Type: Retain

At a minimum, the {jc}patient{/1} and when appropriate, his or her family, is informed about the following: Outcomes of care, treatment, and services that have been provided that the {jc}patient{/1} (or family) must be knowledgeable about to participate in current and future decisions affecting the {jc}patient's{/9} care, treatment, and services

2009 Standard: RI.2.90

2009 EP: 2

2009 EP Text:

Revision Type: Retain

At a minimum, the {jc}patient{/1} and when appropriate, his or her family, is informed about the following: Unanticipated outcomes of care, treatment, and services that relate to sentinel events considered reviewable* by the Joint Commission. *See the "Sentinel Event" chapter of this manual for a definition of reviewable sentinel events.

2009 Standard: RI.2.90

2009 EP: 3

2009 EP Text:

Revision Type: Delete:NE

The responsible licensed independent practitioner or his or her designee informs the {jc}patient{/1} (and when appropriate, his or her family) about those unanticipated outcomes of care, treatment, and services related to sentinel events, when the {jc}patient{/1} is not already aware of the occurrence, or further discussion is needed (see Element of Performance 2 above).* *In settings where there is no licensed independent practitioner, the staff member responsible for the care of the patient is responsible for sharing information about such outcomes.

Standard RI.01.02.01

2010 Standard Text:

The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.

2010 Standard: RI.01.02.01

2010 EP: 20

2010 EP Text:

The organization provides the individual served or surrogate decision-maker with the information about the outcomes of care, treatment, or services that the individual needs in order to participate in current and future behavioral health care decisions.

2010 Standard: RI.01.02.01

2010 EP: 21

2010 EP Text:

The organization informs the individual served or surrogate decision-maker about unanticipated events that relate to sentinel events considered reviewable by The Joint Commission. (Refer to the "Sentinel Events" (SE) chapter for a definition of reviewable sentinel events.)

2010 Standard: N/A

2010 EP Text:

No EP

Standard RI.2.100

2009 Standard Text:

The {jc}organization{/2} respects the {jc}patient's{/9} right to and need for effective communication.

2009 Standard: RI.2.100

2009 EP Text:

The {jc}organization{/2} respects the right and need of {jc}patients{/6} for effective communication.

2009 Standard: RI.2.100

2009 EP Text:

Written information provided is appropriate to the age, understanding, and, as appropriate to the population served, the language of the {jc}patient{/1}.

2009 Standard: RI.2.100

2009 EP Text:

The {jc}organization{/2} provides interpretation (including translation) services as necessary.

2009 Standard: RI.2.100

2009 EP Text:

The {jc}organization{/2} addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.

2009 Standard: RI.2.100

2009 EP Text:

The {jc}organization{/2} offers telephone and mail service as appropriate to the setting and population.

Standard RI.01.01.01

2010 Standard Text:

The organization respects the rights of the individual served.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: RI.01.01.03

2010 EP: 1

2010 EP Text:

The organization provides information to the individual served in a manner tailored to his or her language and ability to understand. (See also RI.01.01.01, EP 2)

2010 Standard: RI.01.01.03

2010 EP: 2

2010 EP Text:

The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2)

2010 Standard: RI.01.01.03

2010 EP: 3

2010 EP Text:

The organization communicates with the individual served who has vision, speech, hearing, or cognitive impairments in a manner that meets the needs of that individual. (See also RI.01.01.01, EP 2)

2010 Standard: RI.01.06.05

2010 EP: 15

2010 EP Text:

In 24-hour settings, the organization offers telephone and mail service to individuals served, based on the setting and population.

<p>2009 Standard: RI.2.100 2009 EP Text: When an {jc}organization{/2} restricts a {jc}patient's{/9} visitors, mail, telephone calls, or other forms of communication, the restrictions are determined with the {jc}patient's{/9} participation and, when appropriate, his or her family.</p>	<p>2009 EP: 6 Revision Type: Retain</p>	<p>2010 Standard: RI.01.06.05 2010 EP Text: In 24-hour settings, when the organization restricts the visitors, mail, telephone calls, or other forms of communication of the individual served, the restrictions are determined with the participation of the individual served, and with his or her family when such participation is deemed beneficial.</p>	<p>2010 EP: 17</p>
<p>2009 Standard: RI.2.100 2009 EP Text: When an organization restricts a client's visitors, mail, telephone calls, or other forms of communication, the restrictions are documented along with justification in the {jc}medical record{/8}.</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: RI.01.06.05 2010 EP Text: In 24-hour settings, when the organization restricts the visitors, mail, telephone calls, or other forms of communication of the individual served beyond the established program rules, these additional restrictions and their clinical necessity are documented in the clinical/case record.</p>	<p>2010 EP: 18</p>
<p>2009 Standard: RI.2.100 2009 EP Text: When an organization restricts a client's visitors, mail, telephone calls, or other forms of communication, the restrictions are evaluated for therapeutic effectiveness.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: RI.01.06.05 2010 EP Text: In 24-hour settings, when the organization restricts the visitors, mail, telephone calls, or other forms of communication of the individual served beyond the established program rules, the restrictions are evaluated for clinical necessity in a time frame defined in the care plan, or more frequently as indicated by the needs of the individual served.</p>	<p>2010 EP: 19</p>
<p>2009 Standard: RI.2.100 2009 EP Text: The evaluation of restrictions for therapeutic effectiveness occurs at least every three days or at intervals consistent with ongoing care review and average length of stay in the {jc}organization{/2}.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: RI.01.06.05 2010 EP Text: In 24-hour settings, restrictions on communication are reduced or eliminated as soon as they are no longer therapeutically indicated.</p>	<p>2010 EP: 20</p>

Standard RI.2.120

2009 Standard Text:

The {jc}organization{/2} addresses the resolution of complaints from {jc}patients{/6} and their families.

2009 Standard: RI.2.120

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} informs {jc}patients{/6}, families, and staff about the complaint resolution process.

2009 Standard: RI.2.120

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} informs {jc}patients{/6}, families, and staff about the complaint resolution process.

2009 Standard: RI.2.120

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} receives, reviews, and, when possible, resolves complaints from {jc}patients{/6} and their families.

2009 Standard: RI.2.120

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} responds to individuals making a significant (as defined by the {jc}organization{/2}) or recurring complaint.

2009 Standard: RI.2.120

2009 EP: 4

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} informs {jc}patients{/6} about their right to file a complaint with the state authority.

Standard RI.01.07.01

2010 Standard Text:

The individual served and his or her family have the right to have complaints reviewed by the organization.

2010 Standard: RI.01.07.01

2010 EP: 1

2010 EP Text:

The organization establishes a complaint resolution process.

2010 Standard: RI.01.07.01

2010 EP: 2

2010 EP Text:

The organization informs the individual served and his or her family about the complaint resolution process. (See also RI.01.02.01, EP 8)
Note: If the individual served has a surrogate decision-maker, he or she will be informed of and involved in the complaint resolution process.

2010 Standard: RI.01.07.01

2010 EP: 4

2010 EP Text:

The organization reviews and, when possible, resolves complaints from the individual served and his or her family.

2010 Standard: RI.01.07.01

2010 EP: 6

2010 EP Text:

The organization acknowledges receipt of the complaint and notifies the individual served and, when appropriate, his or her family of the outcome of the complaint.

2010 Standard: RI.01.07.01

2010 EP: 7

2010 EP Text:

The organization provides the individual served (and when deemed beneficial, his or her family) with the phone number and address needed to file a complaint with the relevant state authority.

2009 Standard: RI.2.120

2009 EP: 5

2010 Standard: RI.01.07.01

2010 EP: 10

2009 EP Text:

{j}Patients{/6} can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

Revision Type: Retain

2010 EP Text:

The organization allows the individual served and his or her family to complain and recommend changes regarding care, treatment, or services without being subject to coercion, discrimination, or reprisals, or to interruptions of care, treatment, or services that could adversely affect the individual served.

2009 Standard: RI.2.120

2009 EP: 10

2010 Standard: RI.01.07.01

2010 EP: 28

2009 EP Text:

For Opioid Treatment Programs: The program develops and makes available policies and procedures addressing patient grievances.

Revision Type: Retain

2010 EP Text:

For opioid treatment programs: The program develops and makes available written policies and procedures addressing patient grievances.

2009 Standard: RI.2.120

2009 EP: 11

2010 Standard: RI.01.07.01

2010 EP: 29

2009 EP Text:

For Opioid Treatment Programs: The policies and procedures specify the minimum elements of due process applicable based on the program's setting and resources, and includes the following: • Providing the patient with a written decision which includes the reason for the decision • The right of patients to appeal the decision to a final, unbiased source • Making every attempt, before a patient is discharged, to accommodate his or her desire to remain in opioid therapy at an alternative treatment program. • Use of involuntary withdrawal only as a last resort and applied in the most humane manner possible, consistent with the safety and well-being of the patient, staff, other patients, • As a result of the patient filing a grievance, the program will not change the patient's dose of opioids or other medications without his or her knowledge, unless the patient has signed a document waiving such consent.

Revision Type: Retain

2010 EP Text:

For opioid treatment programs: The policies and procedures specify the minimum elements of due process applicable based on the program's setting and resources, and include the following:

- Providing the patient with a written decision that includes the reason for the decision
- Maintaining the right of patients to appeal the decision to a final, unbiased source
- Making every attempt, before a patient is discharged, to accommodate his or her desire to remain in opioid therapy at an alternative treatment program
- Using involuntary withdrawal only as a last resort and applying it in the most humane manner possible, consistent with the safety and well-being of the patient, staff, and other patients
- As a result of the patient filing a grievance, not changing the patient's dose of opioids or other medications without his or her knowledge, unless the patient has signed a document waiving such consent

Standard RI.2.130

2009 Standard Text:

The {jc}organization{/2} respects the needs of {jc}patients{/6} for confidentiality, privacy, and security.

2009 Standard: RI.2.130

2009 EP: 1

2009 EP Text:

The {jc}organization{/2} protects confidentiality of information about {jc}patients{/6}.

Revision Type: Delete:NE

2009 Standard: RI.2.130

2009 EP: 2

2009 EP Text:

The {jc}organization{/2} respects the privacy of {jc}patients{/6}.

Revision Type: Retain

2009 Standard: RI.2.130

2009 EP: 3

2009 EP Text:

{jc}Patients{/6} who desire private telephone conversations have access to space and telephones appropriate to their needs and the care, treatment, and services provided.

Revision Type: Retain

2009 Standard: RI.2.130

2009 EP: 4

2009 EP Text:

The {jc}organization{/2} provides for the safety and security of {jc}patients{/6} and their property.

Revision Type: Delete:NE

2009 Standard: RI.2.130

2009 EP: 8

2009 EP Text:

Sleeping rooms have doors for privacy.

Revision Type: Delete:Redun

Standard RI.01.01.01

2010 Standard Text:

The organization respects the rights of the individual served.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: RI.01.01.01

2010 EP: 7

2010 EP Text:

The organization respects the right of the individual served to privacy. (See also IM.02.01.01, EPs 1-5)
 Note: This element of performance (EP) addresses the personal privacy of the individual served. For EPs addressing security and safety, please see EC.02.01.01, EP 3 and EC.02.06.01, EP 1. For EPs addressing the privacy of health information, please refer to Standard IM.02.01.01.

2010 Standard: RI.01.06.05

2010 EP: 16

2010 EP Text:

In 24-hour settings, the organization provides individuals served who desire private telephone conversations with access to telephones in a private space, based on the population.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

<p>2009 Standard: RI.2.130 2009 EP Text: In rooms with more than one individual, privacy is provided for dressing.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: RI.01.06.05 2010 EP: 27 2010 EP Text: In 24-hour settings, in rooms with more than one individual served, privacy is provided for dressing. Note: Privacy for dressing may be achieved by curtains or other partitions in the room, or by use of a separate room or bathroom for dressing.</p>
<p>2009 Standard: RI.2.130 2009 EP Text: In rooms with four to eight clients, privacy is provided by partitioning or furniture placement, unless clinically contraindicated.</p>	<p>2009 EP: 10 Revision Type: Delete:NE</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>
<p>2009 Standard: RI.2.130 2009 EP Text: Except when clinically justified in writing, based on program requirements, no more than eight clients may sleep in a room.</p>	<p>2009 EP: 11 Revision Type: Retain</p>	<p>2010 Standard: RI.01.06.05 2010 EP: 29 2010 EP Text: In 24-hour settings, no more than eight individuals may sleep in a room unless there is documentation in policy or in the individual plan of care of the justification for allowing more than eight individuals to sleep in a room.</p>
<p>2009 Standard: RI.2.130 2009 EP Text: Sleeping areas are assigned based on individual need for group support, privacy, security, or independence.</p>	<p>2009 EP: 12 Revision Type: Retain</p>	<p>2010 Standard: RI.01.06.05 2010 EP: 30 2010 EP Text: In 24-hour settings, sleeping areas are assigned based on privacy and security needs.</p>
<p>2009 Standard: RI.2.130 2009 EP Text: For Opioid Treatment Programs: The program informs patients upon admission about its obligation under state-specific requirements and its own policies and procedures to report suspected child abuse and neglect and other forms of abuse (such as violence against women).</p>	<p>2009 EP: 13 Revision Type: Retain</p>	<p>2010 Standard: RI.01.01.01 2010 EP: 26 2010 EP Text: For opioid treatment programs: The program informs patients upon admission about its obligation under state-specific requirements and its own policies and procedures to report suspected child abuse and neglect and other forms of abuse (such as violence against women).</p>

Standard RI.2.140

2009 Standard Text:

{jc}Patients{/6} have a right to an environment that preserves dignity and contributes to a positive self image.

2009 Standard: RI.2.140

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The environment of care supports the positive self-image of {jc}patients{/6} and preserves their human dignity.

2009 Standard: RI.2.140

2009 EP: 2

2009 EP Text:

Revision Type: Delete:Redun

The {jc}organization{/2} provides sufficient storage space to meet the personal needs of the {jc}patients{/6}.

2009 Standard: RI.2.140

2009 EP: 3

2009 EP Text:

Revision Type: Consolidate

The {jc}organization{/2} allows {jc}patients{/6} to keep and use personal clothing and possessions, unless this infringes on others' rights or therapeutically contraindicated (as appropriate to the setting or service).

2009 Standard: RI.2.140

2009 EP: 5

2009 EP Text:

Revision Type: Split

The {jc}organization{/2}'s environment does the following:Promotes clear visual perceptions of people and functionsMinimizes distractions that interfere with therapeutic activitiesMaximizes client involvement in leisure activitiesPromotes awareness of time and season

2009 Standard: RI.2.140

2009 EP: 5

2009 EP Text:

Revision Type: Split

The {jc}organization{/2}'s environment does the following:Promotes clear visual perceptions of people and functionsMinimizes distractions that interfere with therapeutic activitiesMaximizes client involvement in leisure activitiesPromotes awareness of time and season

Standard RI.01.06.05

2010 Standard Text:

The individual served has the right to an environment that preserves dignity and contributes to a positive self-image.

2010 Standard: RI.01.06.05

2010 EP: 1

2010 EP Text:

The organization's environment of care supports the positive self-image and dignity of the individual served.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: RI.01.06.05

2010 EP: 4

2010 EP Text:

The organization allows the individual served to keep and use personal clothing and possessions, unless this infringes on others' rights or is therapeutically contraindicated.
Note: Personal items belonging to individuals served are taken and secured by staff only when therapeutically indicated.

2010 Standard: RI.01.06.05

2010 EP: 9

2010 EP Text:

The individual served has the right to an environment that minimizes distractions that interfere with therapeutic activities.

2010 Standard: RI.01.06.05

2010 EP: 12

2010 EP Text:

In 24-hour settings, the individual served has a right to an environment that promotes awareness of day, time, and season.

<p>2009 Standard: RI.2.140 2009 EP Text: If clinically indicated, clients' personal items may be kept under lock and key by staff.</p>	<p>2009 EP: 6 Revision Type: Consolidate</p>	<p>2010 Standard: RI.01.06.05 2010 EP: 4 2010 EP Text: The organization allows the individual served to keep and use personal clothing and possessions, unless this infringes on others' rights or is therapeutically contraindicated. Note: Personal items belonging to individuals served are taken and secured by staff only when therapeutically indicated.</p>
<p>2009 Standard: RI.2.140 2009 EP Text: The {jc}organization{/2} has written rules to govern personal displays.</p>	<p>2009 EP: 7 Revision Type: Consolidate</p>	<p>2010 Standard: RI.01.06.05 2010 EP: 13 2010 EP Text: In 24-hour settings, the organization supports the use of personal displays by supplying the necessary equipment (such as bulletin boards) and developing written rules that govern personal displays.</p>
<p>2009 Standard: RI.2.140 2009 EP Text: The {jc}organization{/2} supplies the necessary equipment (such as bulletin boards) to allow for such personal displays.</p>	<p>2009 EP: 8 Revision Type: Consolidate</p>	<p>2010 Standard: RI.01.06.05 2010 EP: 13 2010 EP Text: In 24-hour settings, the organization supports the use of personal displays by supplying the necessary equipment (such as bulletin boards) and developing written rules that govern personal displays.</p>
<p>2009 Standard: RI.2.140 2009 EP Text: If the {jc}organization{/2} provides clothing, the clothing is safe and appropriate for the clients; it is appropriate, durable, suitable to the season, and similar to that worn by persons in the external environment; and enough is made available to permit laundering, cleaning, and repair.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: RI.01.06.05 2010 EP: 6 2010 EP Text: If the organization provides clothing, the clothing is suitable to the season, age appropriate, and socially appropriate (that is, similar to that worn by persons in the external environment), and sufficient to permit laundering, cleaning, and repair.</p>

Standard RI.2.150

2009 Standard Text:

{jc}Patients{/6} have the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.

2009 Standard: RI.2.150

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} addresses how it will, to the best of its ability, protect {jc}patients{/6} from real or perceived abuse, neglect, or exploitation* from anyone, including staff, students, volunteers, other {jc}patients{/6}, visitors, or family members.*Taking advantage of another for one’s own advantage or benefit.

2009 Standard: RI.2.150

2009 EP: 1

2009 EP Text:

Revision Type: Split

The {jc}organization{/2} addresses how it will, to the best of its ability, protect {jc}patients{/6} from real or perceived abuse, neglect, or exploitation* from anyone, including staff, students, volunteers, other {jc}patients{/6}, visitors, or family members.*Taking advantage of another for one’s own advantage or benefit.

2009 Standard: RI.2.150

2009 EP: 2

2009 EP Text:

Revision Type: Split

All allegations, observations, or suspected cases of abuse, neglect, or exploitation that occur in the organization are explored by the {jc}organization{/2} and, based on the type of event, are referred to the appropriate authorities for investigation.

2009 Standard: RI.2.150

2009 EP: 2

2009 EP Text:

Revision Type: Split

All allegations, observations, or suspected cases of abuse, neglect, or exploitation that occur in the organization are explored by the {jc}organization{/2} and, based on the type of event, are referred to the appropriate authorities for investigation.

Standard RI.01.06.03

2010 Standard Text:

The individual served has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

2010 Standard: RI.01.06.03

2010 EP: 1

2010 EP Text:

The organization determines how it will protect the individual served from neglect, exploitation, and abuse that could occur while he or she is receiving care, treatment, or services.

2010 Standard: RI.01.06.03

2010 EP: 7

2010 EP Text:

The organization takes steps to protect the individual served from neglect, exploitation, and abuse that could occur while he or she is receiving care, treatment, or services.

2010 Standard: RI.01.06.03

2010 EP: 2

2010 EP Text:

The organization evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the organization.

2010 Standard: RI.01.06.03

2010 EP: 3

2010 EP Text:

The organization reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events and in accordance with law and regulation.

2009 Standard: RI.2.150

2009 EP: 3

2009 EP Text:

For Opioid Treatment Programs: The program takes steps to prevent patients from being harassed or exploited by other patients or staff.

Revision Type: Retain

2010 Standard: RI.01.06.03

2010 EP: 8

2010 EP Text:

For opioid treatment programs: The program takes steps to prevent patients from being harassed or exploited by other patients or staff.

Standard RI.2.160

2009 Standard Text:

{c}Patients{/6} have the right to pain management.

2009 Standard: RI.2.160

2009 EP: 2

2009 EP Text:

Revision Type: Delete:NE

The organization plans, supports, and coordinates activities and resources to ensure that the pain of all clients is recognized including initial screening for pain, when indicated.

2009 Standard: RI.2.160

2009 EP: 3

2009 EP Text:

Revision Type: Delete:NE

The organization plans, supports, and coordinates activities and resources to ensure that the pain of all clients is recognized including assessing and reassessing for pain, when indicated.

2009 Standard: RI.2.160

2009 EP: 4

2009 EP Text:

Revision Type: Delete:NE

The organization plans, supports, and coordinates activities and resources to ensure that the pain of all clients is recognized including educating all relevant providers about screening, assessing, and managing pain.

2009 Standard: RI.2.160

2009 EP: 5

2009 EP Text:

Revision Type: Delete:NE

The organization plans, supports, and coordinates activities and resources to ensure that the pain of all clients is recognized including when pain management is provided, when educating clients and when appropriate, families, about their roles in managing pain, and the potential limitations and side effects of pain treatments.

Standard RI.01.01.01

2010 Standard Text:

The organization respects the rights of the individual served.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

Standard RI.2.170

2009 Standard Text:

{jc}Patients{/6} have a right to access protective and advocacy services.

Standard RI.01.07.03

2010 Standard Text:

The individual served has the right to access protective and advocacy services.

2009 Standard: RI.2.170

2009 EP: 1

2009 EP Text:

When the {jc}organization{/2} serves a population of {jc}patients{/6} who often need protective services (that is, guardianship and advocacy services, conservatorship, and child or adult protective services), it provides resources to help the family and the courts determine the {jc}patient's{/9} needs for such services.

Revision Type: Retain

2010 Standard: RI.01.07.03

2010 EP: 1

2010 EP Text:

When the organization serves a population of individuals that need protective services (for example, guardianship or advocacy services, conservatorship, or child or adult protective services), it provides resources to help the family and the courts determine the individual's needs for such services.

2009 Standard: RI.2.170

2009 EP: 2

2009 EP Text:

When appropriate, the {jc}organization{/2} maintains a list of names, addresses, and telephone numbers of pertinent state {jc}patient{/1} advocacy groups such as the state authority and the protection and advocacy network.

Revision Type: Retain

2010 Standard: RI.01.07.03

2010 EP: 2

2010 EP Text:

The organization maintains a list of names, addresses, and telephone numbers of advocacy groups, such as a state authority or a protection and advocacy network.

2009 Standard: RI.2.170

2009 EP: 3

2009 EP Text:

The list is given to {jc}patients{/6} when requested.

Revision Type: Retain

2010 Standard: RI.01.07.03

2010 EP: 3

2010 EP Text:

When requested, the organization provides contact information on advocacy groups, such as a state authority or advocacy ombudsperson.

2009 Standard: RI.2.170

2009 EP: 4

2009 EP Text:

The {jc}organization{/2} develops and implements policies and procedures for the above requirements.

Revision Type: Delete:NE

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: RI.2.170

2009 EP: 5

2009 EP Text:

The organization's process for providing a personal advocate for clients is described in writing.

Revision Type: Consolidate

2010 Standard: RI.01.07.03

2010 EP: 4

2010 EP Text:

The organization has a written process for providing a personal advocate. This written process includes the conditions under which a personal advocate is indicated, and his or her role and responsibilities.

<p>2009 Standard: RI.2.170 2009 EP Text: The description defines the conditions under which a personal advocate is indicated and the role and responsibilities of the personal advocate. Staff and clients are informed of the process.</p>	<p>2009 EP: 6 Revision Type: Split</p>	<p>2010 Standard: RI.01.07.03 2010 EP Text: The organization has a written process for providing a personal advocate. This written process includes the conditions under which a personal advocate is indicated, and his or her role and responsibilities.</p>	<p>2010 EP: 4</p>
<p>2009 Standard: RI.2.170 2009 EP Text: The description defines the conditions under which a personal advocate is indicated and the role and responsibilities of the personal advocate. Staff and clients are informed of the process.</p>	<p>2009 EP: 6 Revision Type: Split</p>	<p>2010 Standard: RI.01.07.03 2010 EP Text: The organization informs staff and individuals served about the process for providing information on personal advocates. (See also HR.01.04.01, EP 6)</p>	<p>2010 EP: 5</p>
<p>2009 Standard: RI.2.170 2009 EP Text: The organization defines the role of staff members in assessing the need for protective services, making recommendations, and providing protective services.</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: RI.01.07.03 2010 EP Text: The organization determines what its role will be, if any, in assessing the need for protective services, making recommendations, and providing protective services for individuals served.</p>	<p>2010 EP: 6</p>
<p>2009 Standard: RI.2.170 2009 EP Text: When the organization does not provide protective services, the staff helps determine the need for such services and establishes necessary referral channels.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: RI.01.07.03 2010 EP Text: When the organization does not provide protective services, staff make referrals for individuals determined to need such services.</p>	<p>2010 EP: 7</p>
<p>2009 Standard: RI.2.170 2009 EP Text: Recommendations about the need for guardianship are based on a separate review process independent of considerations used in planning and providing care, treatment, and services.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: RI.01.07.03 2010 EP Text: Recommendations about the need for guardianship are based on a separate review process independent of considerations used in planning and providing care, treatment, or services.</p>	<p>2010 EP: 8</p>

Standard RI.2.180

2009 Standard Text:

The {jc}organization{/2} protects research subjects and respects their rights during research, investigation, and clinical trials involving human subjects.

Standard RI.01.03.05

2010 Standard Text:

The organization protects the individual served and respects his or her rights during research, investigation, and clinical trials.

Note: This standard applies when organizations conduct or permit individuals served to participate in research investigations or clinical trials.

2009 Standard: RI.2.180

2009 EP: 1

2009 EP Text:

The {jc}organization{/2} reviews all research protocols in relation to its mission, values, and other guidelines and weighs the relative risks and benefits to the research subjects.

Revision Type: Retain

2010 Standard: RI.01.03.05

2010 EP: 1

2010 EP Text:

The organization reviews all research protocols and weighs the risks and benefits to the individual participating in the research.

2009 Standard: RI.2.180

2009 EP: 2

2009 EP Text:

The {jc}organization{/2} provides {jc}patients{/6} who are potential subjects in research, investigation, and clinical trials with adequate information* to participate or refuse to participate in research. *Adequate information includes an explanation of the purpose of the research and expected duration of the subject's participation; a description of expected benefits, potential discomforts, and risks; alternative services that might prove advantageous to the individual; and a full explanation of the procedures to be followed.

Revision Type: Retain

2010 Standard: RI.01.03.05

2010 EP: 2

2010 EP Text:

To help the individual served determine whether or not to participate in research, investigation, or clinical trials, the organization either provides the individual with all of the following information or confirms that the individual is provided with this information by the principal investigator:

- An explanation of the purpose of the research
- The expected duration of the individual's participation
- A clear description of the procedures to be followed
- A statement of the potential benefits, risks, discomforts, and side effects
- Alternative care, treatment, or services available that might prove advantageous to the individual

2009 Standard: RI.2.180

2009 EP: 3

2009 EP Text:

{jc}Patients{/6} are informed that refusing to participate or discontinuing participation at any time will not compromise their access to care, treatment, and services not related to the research.

Revision Type: Retain

2010 Standard: RI.01.03.05

2010 EP: 3

2010 EP Text:

The organization informs the individual served that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time will not jeopardize his or her access to care, treatment, or services unrelated to the research.

2009 Standard: RI.2.180

2009 EP: 4

2009 EP Text:

Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant's right to privacy, confidentiality, and safety.

Revision Type: Split

2010 Standard: RI.01.03.05

2010 EP: 4

2010 EP Text:

The organization documents the following in the research consent form: That the individual served received information to help determine whether or not to participate in the research, investigation, or clinical trials.

<p>2009 Standard: RI.2.180 2009 EP Text: Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant’s right to privacy, confidentiality, and safety.</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: RI.01.03.05 2010 EP Text: The organization documents the following in the research consent form: That the individual served was informed that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time will not jeopardize his or her access to care, treatment, or services unrelated to the research.</p>
<p>2009 Standard: RI.2.180 2009 EP Text: Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant’s right to privacy, confidentiality, and safety.</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: RI.01.03.05 2010 EP Text: The organization documents the following in the research consent form: The name of the person who provided the information and the date the form was signed.</p>
<p>2009 Standard: RI.2.180 2009 EP Text: Consent forms address the above elements of performance; indicate the name of the person who provided the information and the date the form was signed; and address the participant’s right to privacy, confidentiality, and safety.</p>	<p>2009 EP: 4 Revision Type: Split</p>	<p>2010 Standard: RI.01.03.05 2010 EP Text: The research consent form describes the right to privacy, confidentiality, and safety of the individual served.</p>
<p>2009 Standard: RI.2.180 2009 EP Text: Subjects are told the extent to which their personally identifiable private information will be held in confidence.</p>	<p>2009 EP: 5 Revision Type: Delete:Redun</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>
<p>2009 Standard: RI.2.180 2009 EP Text: All information given to subjects is in the {c}medical record{/8} or research file along with the consent forms.</p>	<p>2009 EP: 6 Revision Type: Delete:Redun</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>
<p>2009 Standard: RI.2.180 2009 EP Text: If a research-related injury (that is, physical, psychological, social, financial, or otherwise) occurs, the principal investigator attempts to address any harmful consequences the subject may have experienced as a result of research procedures.</p>	<p>2009 EP: 7 Revision Type: Delete:NE</p>	<p>2010 Standard: N/A 2010 EP Text: No EP</p>

Standard RI.2.190

2009 Standard Text:

In {jc}organization{/2}s that provide opportunities for work, a defined policy addresses situations in which {jc}patients{/6} work for and on behalf of the {jc}organization{/2}.

Standard RI.01.07.07

2010 Standard Text:

The organization protects the rights of individuals served who work for or on behalf of the organization.
 Note: This standard is applicable only to organizations that permit individuals served to work for or on behalf of the organization.

2009 Standard: RI.2.190
2009 EP Text:
 Policies and procedures address situations in which {jc}patients{/6} work for and on behalf of the {jc}organization{/2}.

2009 EP: 1
Revision Type: Retain

2010 Standard: RI.01.07.07
2010 EP Text:
 The organization has a written policy that addresses situations in which individuals served work for wages for or on behalf of the organization.

2010 EP: 1

2009 Standard: RI.2.190
2009 EP Text:
 Policies and procedures are implemented.

2009 EP: 2
Revision Type: Retain

2010 Standard: RI.01.07.07
2010 EP Text:
 The organization implements its policy regarding individuals served who work for wages for or on behalf of the organization.

2010 EP: 2

2009 Standard: RI.2.190
2009 EP Text:
 Wages paid to {jc}patients{/6} are in accordance with applicable law and regulation.

2009 EP: 3
Revision Type: Retain

2010 Standard: RI.01.07.07
2010 EP Text:
 Wages paid to individuals served who work for or on behalf of the organization are in accordance with law and regulation.

2010 EP: 3

2009 Standard: RI.2.190
2009 EP Text:
 Work is addressed in the care, treatment, and service plan.

2009 EP: 4
Revision Type: Retain

2010 Standard: RI.01.07.07
2010 EP Text:
 The organization incorporates into the plan of care, treatment, or service the work performed by the individual served for or on behalf of the organization.

2010 EP: 4

2009 Standard: RI.2.190
2009 EP Text:
 Work is performed voluntarily.

2009 EP: 5
Revision Type: Retain

2010 Standard: RI.01.07.07
2010 EP Text:
 Individuals served have the right to refuse to work for or on behalf of the organization.

2010 EP: 5

Standard RI.2.195

2009 Standard Text:

Clients receiving vocational rehabilitation receive information about the organization providing vocational rehabilitation services.

2009 Standard: RI.2.195

2009 EP: 1

2009 EP Text:

Clients receive information about the: Types and scope of integrated and community-based services provided

Revision Type: Retain

2009 Standard: RI.2.195

2009 EP: 2

2009 EP Text:

Clients receive information about the: Qualifications of staff providing services

Revision Type: Retain

2009 Standard: RI.2.195

2009 EP: 3

2009 EP Text:

Clients receive information about the: Organization's ability to serve a client and meet their needs

Revision Type: Retain

2009 Standard: RI.2.195

2009 EP: 4

2009 EP Text:

Clients receive information about the: Costs of services to the client (if any)

Revision Type: Retain

2009 Standard: RI.2.195

2009 EP: 5

2009 EP Text:

Clients receive information about the: Expected duration of the services

Revision Type: Retain

2009 Standard: RI.2.195

2009 EP: 6

2009 EP Text:

Clients receive information about the: Options for auxiliary and ancillary services.

Revision Type: Retain

Standard RI.01.07.09

2010 Standard Text:

Individuals served receive information about the organization providing vocational rehabilitation services.

2010 Standard: RI.01.07.09

2010 EP: 1

2010 EP Text:

Individuals served receive information about the vocational rehabilitation organization, including the following: Types and scope of integrated and community-based services provided.

2010 Standard: RI.01.07.09

2010 EP: 2

2010 EP Text:

Individuals served receive information about the vocational rehabilitation organization, including the following: Qualifications of staff providing services.

2010 Standard: RI.01.07.09

2010 EP: 3

2010 EP Text:

Individuals served receive information about the vocational rehabilitation organization, including the following: The organization's ability to serve an individual and meet his or her needs.

2010 Standard: RI.01.07.09

2010 EP: 4

2010 EP Text:

Individuals served receive information about the vocational rehabilitation organization, including the following: Costs of services to the individual (if any).

2010 Standard: RI.01.07.09

2010 EP: 5

2010 EP Text:

Individuals served receive information about the vocational rehabilitation organization, including the following: Expected duration of the services.

2010 Standard: RI.01.07.09

2010 EP: 6

2010 EP Text:

Individuals served receive information about the vocational rehabilitation organization, including the following: Options for auxiliary and ancillary services.

Standard RI.2.200

2009 Standard Text:

{c}Patients{/6} have a right to exercise citizenship privileges.

2009 Standard: RI.2.200

2009 EP: 1

2009 EP Text:

The {c}organization{/2} helps {c}patients{/6} with citizenship privileges to exercise their citizenship privileges, including arranging for them to vote.

Revision Type: Retain

Standard RI.01.06.07

2010 Standard Text:

Individuals served have a right to exercise citizenship privileges.

2010 Standard: RI.01.06.07

2010 EP: 1

2010 EP Text:

In 24-hour settings, the organization helps individuals served with citizenship privileges to exercise these privileges, including their voting privileges. Note: Examples of such help may include providing brochures, helping individuals obtain absentee ballots or apply for state identification, or facilitating transportation. Help may vary depending on the organization and population served.

Standard RI.2.300

2009 Standard Text:

The child’s rights are respected.

Standard RI.03.01.01

2010 Standard Text:

For foster care: The foster care agency respects the rights of individuals in foster care.

2009 Standard: RI.2.300

2009 EP: 1

2009 EP Text:

The foster care organization’s policies allow children in foster care to participate in developing their case plan, as appropriate to their age and degree of maturity.

Revision Type: Retain

2010 Standard: RI.03.01.01

2010 EP: 1

2010 EP Text:

For foster care: The foster care agency’s written policies support the participation of individuals in foster care in developing their case plan.
 Note: Children, youth, and adults can be served in foster care programs. Children can participate in developing their case plan as appropriate to their age and maturity.

2009 Standard: RI.2.300

2009 EP: 2

2009 EP Text:

The foster care organization’s policies allow children in foster care to maintain contact with their biological family, including siblings, unless otherwise indicated in the case plan.

Revision Type: Retain

2010 Standard: RI.03.01.01

2010 EP: 2

2010 EP Text:

For foster care: The foster care agency’s written policies allow individuals in foster care to maintain contact with their biological families, including siblings, unless otherwise indicated in the case plan.

2009 Standard: RI.2.300

2009 EP: 3

2009 EP Text:

The foster care organization’s policies allow children in foster care to access routine, preventive, and emergency medical, vision, behavioral health, dental, and rehabilitation care, as warranted.

Revision Type: Retain

2010 Standard: RI.03.01.01

2010 EP: 3

2010 EP Text:

For foster care: The foster care agency’s written policies allow individuals in foster care to access routine, preventive, and emergency medical, vision, behavioral health, dental, and rehabilitation care.

2009 Standard: RI.2.300

2009 EP: 4

2009 EP Text:

The foster care organization’s policies allow children in foster care to access appropriate educational services.

Revision Type: Retain

2010 Standard: RI.03.01.01

2010 EP: 4

2010 EP Text:

For foster care: The foster care agency’s written policies allow individuals in foster care to access educational services.

2009 Standard: RI.2.300

2009 EP: 5

2009 EP Text:

The foster care organization’s policies allow children in foster care to develop in their own ethno-cultural environment, to the extent possible.

Revision Type: Retain

2010 Standard: RI.03.01.01

2010 EP: 5

2010 EP Text:

For foster care: The foster care agency’s written policies support individuals in maintaining contact with their ethnocultural heritage.

<p>2009 Standard: RI.2.300 2009 EP Text: The foster care organization’s policies allow children in foster care to participate in recreational skill building and age-appropriate social opportunities.</p>	<p>2009 EP: 6 Revision Type: Retain</p>	<p>2010 Standard: RI.03.01.01 2010 EP Text: For foster care: The foster care agency’s written policies allow individuals in foster care to participate in recreational skill building and social opportunities.</p>	<p>2010 EP: 6</p>
<p>2009 Standard: RI.2.300 2009 EP Text: The foster care organization’s policies allow children in foster care to not be abused or harassed and to feel safe.</p>	<p>2009 EP: 7 Revision Type: Retain</p>	<p>2010 Standard: RI.03.01.01 2010 EP Text: For foster care: The foster care agency’s written policies prohibit individuals in foster care from being harassed or abused.</p>	<p>2010 EP: 7</p>
<p>2009 Standard: RI.2.300 2009 EP Text: The foster care organization’s policies allow children in foster care to participate in developing their own spirituality.</p>	<p>2009 EP: 8 Revision Type: Retain</p>	<p>2010 Standard: RI.03.01.01 2010 EP Text: For foster care: The foster care agency’s written policies support individuals in foster care in developing and expressing their own spirituality.</p>	<p>2010 EP: 8</p>
<p>2009 Standard: RI.2.300 2009 EP Text: The foster care organization’s processes ensure that the foster child’s rights are respected.</p>	<p>2009 EP: 9 Revision Type: Retain</p>	<p>2010 Standard: RI.03.01.01 2010 EP Text: For foster care: The foster care agency implements its policies regarding the rights of the individuals in foster care.</p>	<p>2010 EP: 9</p>

Standard RI.2.310

2009 Standard Text:

The rights of the family of origin are respected.

2009 Standard: RI.2.310

2009 EP: 1

2009 EP Text:

Revision Type: Retain

The organization’s policies address the right of the family of origin to participate in their child’s case plan, unless otherwise indicated in the case plan.

2009 Standard: RI.2.310

2009 EP: 2

2009 EP Text:

Revision Type: Retain

The organization’s policies address the right of the family of origin to maintain contact with the child, unless otherwise indicated in the case plan.

2009 Standard: RI.2.310

2009 EP: 3

2009 EP Text:

Revision Type: Retain

The organization’s policies address the right of the family of origin to access/be referred to services to help them address the conditions that led to foster placement to have their child returned.

2009 Standard: RI.2.310

2009 EP: 4

2009 EP Text:

Revision Type: Retain

The foster care organization respects the rights of the family of origin and communicates these rights to them.

Standard RI.03.01.03

2010 Standard Text:

For foster care: The rights of the family of origin are respected.

2010 Standard: RI.03.01.03

2010 EP: 1

2010 EP Text:

For foster care: The foster care agency’s written policies address the right of the family of origin to participate in the case plan of the individual in foster care, unless otherwise indicated in the case plan.

2010 Standard: RI.03.01.03

2010 EP: 2

2010 EP Text:

For foster care: The foster care agency’s written policies address the right of the family of origin to maintain contact with the individual in foster care, unless otherwise indicated in the case plan.

2010 Standard: RI.03.01.03

2010 EP: 3

2010 EP Text:

For foster care: The foster care agency’s written policies address the right of the family of origin to services that address the conditions that led to foster placement.
Note: These services may be provided by the agency or by referral, with the goal of having the individual returned to the family of origin.

2010 Standard: RI.03.01.03

2010 EP: 4

2010 EP Text:

For foster care: The foster care agency respects the rights of the family of origin and communicates these rights to them.

Standard RI.2.320

2009 Standard Text:

The foster family's rights are respected.

2009 Standard: RI.2.320

2009 EP Text:

The agency respects the foster family's right to know how it sees the foster family's role and how it helps the foster family in serving children.

2009 Standard: RI.2.320

2009 EP Text:

The agency respects the foster family's right to know the support and help the foster family will receive, including arrangements for respite, consultation and support from agency staff and response to crisis situations.

2009 Standard: RI.2.320

2009 EP Text:

The agency respects the foster family's right to know its role as a team member.

2009 Standard: RI.2.320

2009 EP Text:

The agency respects the foster family's right to know the training it will receive (content and process of training), such as child abuse reporting requirements.

2009 Standard: RI.2.320

2009 EP Text:

The agency respects the foster family's right to know remuneration rate schedules.

2009 EP: 1

Revision Type: Consolidate

2009 EP: 2

Revision Type: Retain

2009 EP: 3

Revision Type: Consolidate

2009 EP: 4

Revision Type: Retain

2009 EP: 5

Revision Type: Retain

Standard RI.03.01.05

2010 Standard Text:

For foster care: The agency providing foster care services respects the rights of the foster family.

2010 Standard: RI.03.01.05

2010 EP Text:

For foster care: The agency respects the foster family's right to know how it sees the foster family's role as a team member and how it helps the foster family in serving children, youth, or adults in their charge.

2010 Standard: RI.03.01.05

2010 EP Text:

For foster care: The agency informs the foster family of the support and help the foster family will receive, including arrangements for respite, consultation, and support from agency staff and response to crisis situations.

2010 Standard: RI.03.01.05

2010 EP Text:

For foster care: The agency respects the foster family's right to know how it sees the foster family's role as a team member and how it helps the foster family in serving children, youth, or adults in their charge.

2010 Standard: RI.03.01.05

2010 EP Text:

For foster care: The agency informs the foster family of the training they will receive (content and process of training), such as child abuse reporting requirements.

2010 Standard: RI.03.01.05

2010 EP Text:

For foster care: The agency informs the foster family of remuneration rate schedules.

2010 EP: 1

2010 EP: 2

2010 EP: 1

2010 EP: 3

2010 EP: 4

2009 Standard: RI.2.320
2009 EP Text:
 The agency respects the foster family’s right to know the child’s identified needs and background.

2009 EP: 6
Revision Type: Retain

2009 Standard: RI.2.320
2009 EP Text:
 The agency respects the foster family’s right to know how to file and handle foster parent complaints.

2009 EP: 7
Revision Type: Retain

2009 Standard: RI.2.320
2009 EP Text:
 These policies are communicated to foster families, and staff are trained to ensure their implementation.

2009 EP: 8
Revision Type: Retain

2010 Standard: RI.03.01.05
2010 EP Text:
 For foster care: The agency informs the foster family of the identified needs and background of the individual in foster care.

2010 EP: 5

2010 Standard: RI.03.01.05
2010 EP Text:
 For foster care: The agency informs the foster family of how to file and handle complaints.

2010 EP: 6

2010 Standard: RI.03.01.05
2010 EP Text:
 For foster care: Foster care agency staff are trained on how to communicate with the foster families regarding their rights. This training is documented. (See also HR.01.05.03, EP 5)

2010 EP: 7

Standard RI.3.10

2009 Standard Text:

{jc}Patients{/6} are given information about their responsibilities while receiving care, treatment, and services.

2009 Standard: RI.3.10

2009 EP: 1

2009 EP Text:

Revision Type: Delete:NE

The {jc}organization{/2} has a policy that defines the mechanism for communicating responsibilities of {jc}patients{/6}.

2009 Standard: RI.3.10

2009 EP: 2

2009 EP Text:

Revision Type: Delete:NE

The policy includes the responsibilities for providing information, asking questions, following instructions, accepting consequences, following rules and regulations, showing respect and consideration, and meeting financial commitments.

2009 Standard: RI.3.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

{jc}Patients{/6} are informed about their responsibilities verbally, in writing, or both, based on {jc}organization{/2} policy.

2009 Standard: RI.3.10

2009 EP: 4

2009 EP Text:

Revision Type: Delete:NE

{jc}Patients{/6} are informed about their responsibilities initially and as needed thereafter.

2009 Standard: RI.3.10

2009 EP: 5

2009 EP Text:

Revision Type: Retain

For Opioid Treatment Programs: The program obtains written acknowledgement from patients that the patient's responsibilities were explained.

Standard RI.02.01.01

2010 Standard Text:

The organization informs the individual served about his or her responsibilities related to his or her care, treatment, or services.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: RI.02.01.01

2010 EP: 2

2010 EP Text:

The organization informs the individual served about his or her responsibilities.

Note: Information about the individual's responsibilities can be shared verbally, in writing, or both.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: RI.02.01.01

2010 EP: 3

2010 EP Text:

For opioid treatment programs: The program obtains written acknowledgement from the patient that patient responsibilities were explained.