

## Human Rights and Grievance Procedures

Each client retains the right to make decisions and exercise freedom of choice, except as noted in the individual's Personal Centered Support Plan (PCSP) and any Human Rights Restrictions. These rights encompass, but are not limited to:

- Equal treatment under the law as citizens, including all privileges guaranteed by the Constitution.
- Access to supportive services such as physical therapy, speech therapy, and psychological and behavioral services.
- Residence in a safe, sanitary environment that meets local, state, and federal standards.
- Treatment with courtesy, respect, and dignity, recognizing the individual's unique identity.
- Autonomy in managing personal financial affairs and choosing personal attire.
- Receipt of care and treatment in the least intrusive manner possible.
- Opportunities to pursue economic independence.
- Access to nutritionally adequate food that supports health and well-being.
- Freedom to practice or abstain from religious activities.
- Timely access to appropriate medical and dental care.
- Unrestricted communication with chosen persons in any reasonable manner.
- Protection from physical, emotional, psychological, or sexual abuse.
- Respect for privacy, including the right to periods and places of solitude.
- Involvement in decision-making processes that affect one's life.
- Unrestricted telephone use and mail correspondence.
- Freedom of movement within and outside the facility.
- Protection from inappropriate chemical or physical restraints.
- Participation in the development and revision of one's Individual Plan.
- The choice of support coordinator and service provider from available options.
- The right to express dissent with support coordinators and provider staff.
- The right to decline participation in research.
- Assurance of confidential record-keeping.
- The ability to present grievances.
- The freedom to choose from available options.
- The right to smoke, in compliance with the Utah Clean Air Act, which prohibits smoking in public buildings and within 25 feet of such structures.
- The right to smoke at Devenir Supports or its enclaves, provided the rules agreed upon at the intake meeting are adhered to.

Devenir Supports offers a comprehensive copy of the Human Rights Grievance Procedure plan and aids clients in understanding their rights and grievance processes to the fullest extent. We are wholly committed to providing individuals with the necessary support. Should you have any questions or concerns, please bring them to our attention at your earliest convenience.

### Grievance Procedure Steps:

1. Contact the Program Administrator with your concern at 385.206.9871.
2. If the issue is unresolved, please detail your concern in a written letter. Send a copy to [audrak@devenirteam.com](mailto:audrak@devenirteam.com) or mail it to 14666 S. Alpine View Dr, Herriman, UT 84096.
3. Should the matter remain unaddressed, a meeting with Devenir Supports' administrative team, support coordinator, and additional team members, if necessary, will be scheduled.
4. If the issue persists, a meeting with a representative from the Division of Services for People with Disabilities (DSPD) at the state supervisory level will be arranged. Contact the DSPD Human Rights Committee at 195 N. 1950 W., SLC, UT 84116.

Your rights will never be restricted without a clear explanation of the restrictions and the reasons behind them. If any of your rights are limited, you will be invited to attend a meeting of the Devenir Supports Human Rights Committee. If you disagree with their decision, you have the right to appeal the ruling. You may also seek assistance from someone you trust. Devenir Supports prides itself on being as unrestrictive as possible while ensuring safety.





## ACKNOWLEDGMENT OF HUMAN RIGHTS AND GRIEVANCE PROCEDURES

I hereby acknowledge that I have received, read, and understand the Human Rights and Grievance Procedures provided by Devenir Supports. I understand each client retains the rights as outlined in the Personal Centered Support Plan (PCSP) and any applicable Human Rights Restrictions. I am aware of the procedures to follow in the event I have a grievance.

### CLIENT'S ACKNOWLEDGMENT:

I affirm my understanding of my rights and the grievance procedures as a client of Devenir Supports. I have had the opportunity to ask questions and have them answered to my satisfaction.

Client's Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### GUARDIAN'S ACKNOWLEDGMENT (if applicable):

I affirm my understanding of the rights and grievance procedures of the client for whom I am the legal guardian. I will support the client in exercising their rights and assist in the grievance process if needed.

Guardian's Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADMINISTRATION'S ACKNOWLEDGMENT:

Administrator's Name: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

