



## **PARTICIPANT BILL OF RIGHTS**

The Resource Center for Independent Living, Inc. (RCIL), Living Independently is For Everyone, Inc. (LIFE at RCIL), and At Home Independent Care, Inc. (AHIC) are pleased that you have decided to receive services with us. We want you to know that as part of receiving your services, you do have a number of rights that you should expect to receive.

You can expect that all of your services:

- Will be confidential;
- Promote your full involvement and decision making;
- Meet the highest ethical and legal standards;
- Respect your cultural/ethnic/religious identity;
- Will provide you the authority to accept any and all services suggested;
- Will provide you the right to receive information in an understandable way so that you may make informed decisions;
- Will notify you and your Care Manager of any proposes to reduce, suspend, or discontinue your Home and Community Based Services and how to resolve any objections to this proposed change;
- Will provide you the right to appeal decisions you do not agree with; and
- If you choose someone else to make decisions for you, this will be respected.

RCIL/LIFE at RCIL/AHIC are committed to providing quality services to individuals and families in our communities. If you have any problems, complaints or concerns about the services you are receiving, we would like to hear from you. It is our policy to provide open communication and attempt to resolve problems, complaints, and concerns with the individual, parents, guardians, or advocates on an informal basis.

If you wish to make a formal complaint, please refer to RCIL/Life at RCIL/AHIC Grievance Procedures and Complaint Form which outlines the process of how your complaint will be handled and a comprehensive list of contacts.



## ACKNOWLEDGEMENT OF RECEIPT OF BILL OF RIGHTS

I have received and reviewed the Participant Bill of Rights. I understand my rights and responsibilities as described in this form.

Signature of Consumer/Participant:

Please Print Name	Signature	Date
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Or Signature of Designated Representative or Parent/Legal Guardian: (Required if participant is a minor – an individual younger than 18 years of age)

Please Print Name	Signature	Relationship	Date
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Signature of Interpreter:

Please Print Name	Signature	Date
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**RCIL Utica Office**

131 Genesee St.  
P.O. Box 210  
Utica, NY 13503-0210  
Voice (315) 797-4642  
Fax (315) 797-4747

**RCIL Herkimer Office**

Herkimer Business Park  
420 E. German Street, Suite 107A  
Herkimer, NY 13350  
Voice (315) 866-7245  
Fax (315) 866-7280

**RCIL Amsterdam Office**

131 Maple Avenue Extension  
Amsterdam, NY 12010  
Voice (518) 842-3561  
Fax (518) 842-0905

**LIFE at RCIL Office**

131 Genesee St.  
P.O. Box 210  
Utica, NY 13503-0210  
Voice (315) 797-4642  
Fax (315) 797-4747

**AHIC Office**

1607 Genesee St.  
P.O. Box 210  
Utica, NY 13503-0210  
Voice (315) 797-4642  
Fax (315) 738-2703

**RCIL Website:** <https://www.rcil.com>