**Service Recipient Rights Restriction**

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Person name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of initial implementation of restriction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restriction of a person's rights is allowed only if determined necessary to ensure the health, safety, and well-being of the person. Any restriction of those rights must be documented in the person's support plan or support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

1. Identify the protection-related rights to be restricted (check the applicable right):

A person's protection-related right to:

* associate with other persons of the person's choice
* personal privacy
* engage in chosen activities
* access to personal possessions

For a person residing in a residential site licensed according to chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, the right to:

* have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person
* receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication
* have use of and free access to common areas in the residence
* privacy for visits with the person's spouse, next of kin, legal counsel, religious guide, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom
* choose how to furnish and decorate the bedroom or living unit

2. Identify how the restriction of rights is justified based on an assessment of the person's vulnerability related to exercising the right without restriction (meaning why the restriction is needed and how this was determined):

3. Identify how the right will be restricted (in the least restrictive manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner):

4. Identify the objective measures set as conditions for ending the restriction (meaning how and when everyone will know the person’s rights must be restored):

5. Identify the schedule for reviewing the need for the restriction based on the conditions for ending the restriction. Review of a right restriction must occur **semiannually (at a minimum)** from the date of initial approval, or more frequently if requested by the person, the person's legal representative, if any, and case manager:

| Date to be reviewed: | Restriction was lessened or lifted:  □ Yes □ No | If no, justify why and whether changes to the person’s service outcomes or supports are needed to restore the person’s rights (attach dated documentation). |
| --- | --- | --- |
| Date to be reviewed: | Restriction was lessened or lifted:  □ Yes □ No | If no, justify why and whether changes to the person’s service outcomes or supports are needed to restore the person’s rights (attach dated documentation). |
| Date to be reviewed: | Restriction was lessened or lifted:  □ Yes □ No | If no, justify why and whether changes to the person’s service outcomes or supports are needed to restore the person’s rights (attach dated documentation). |
| Date to be reviewed: | Restriction was lessened or lifted:  □ Yes □ No | If no, justify why and whether changes to the person’s service outcomes or supports are needed to restore the person’s rights (attach dated documentation). |

□ **Approval of rights restriction**:

I participated in the discussion of why this restriction of my rights is needed to ensure my health, safety, and well-being. My approval of this restriction of my rights is limited to the restriction as identified in this document. I understand that I may withdraw my approval at any time. If I withdraw my approval I understand that my rights must be immediately and fully restored.

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Person/Legal representative Date

□ **Withdrawal of approval of rights restriction**:

I withdraw my approval for my rights to be restricted. All restrictions must end and my rights must be fully restored immediately.

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Person/Legal representative Date