



CLIENT HANDBOOK

Tangram
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www.thetangramway.org

CLIENT HANDBOOK

Introduction

Tangram is a non-profit organization supporting individuals with disabilities throughout Central Indiana. We strive to ensure that all persons, regardless of the severity of their disability, can live and be engaged as active and valued members within their community. Individualized services are designed to enhance and respect the personal vision of our clients, while our dedicated staff provide client-driven supports that promote inclusive community participation and an employment-first philosophy. Integrity, service, stewardship, and excellence are at the core of all that we do.

You are receiving this Client Handbook because you or a loved one have expressed interest in receiving Tangram services or are currently enrolled in one of our service options. We are thankful you are considering or have chosen us to facilitate these supports. Please do not hesitate to contact us with any questions you may have about the materials presented in this handbook.

Our Mission

Tangram supports people with disabilities by designing services to meet their specific needs and desires. We assist them to live full, meaningful, and happy lives, at home and as members of their community. Tangram joins with community partners to create inclusive and sustainable solutions to challenges faced by those impacted by disabilities.

TANGRAM CLIENT HANDBOOK

◆ TABLE OF CONTENTS ◆

- A) ELIGIBILITY CRITERIA
- B) ADMISSION PROCESS
- C) SERVICES
- D) RIGHT OF CHOICE
- E) CONSULTATION
- F) PLAN DEVELOPMENT
- G) SERVICE DURATION & OUTCOMES
- H) REVIEW SCHEDULE
- I) DISCHARGE / RE-ENTRY, TRANSFER & CLOSURE
- J) CLIENT RESPONSIBILITIES
- K) CLIENT/FAMILY/VISITOR CODE OF CONDUCT
- L) GRIEVANCE / COMPLAINT & APPEAL
- M) SAFEGUARDING INDIVIDUAL RIGHTS
- N) RESOURCES FOR PERSONS SERVED
- O) CONFIDENTIALITY & ACCESS TO RECORDS
- P) HIPAA NOTICE OF PRIVACY PRACTICES
- Q) CONCLUSION

A) ELIGIBILITY CRITERIA:

TANGRAM believes that ALL persons with disabilities have the right to reach for their potential and be actively involved in the community regardless of the severity of the disability. Eligibility is contingent upon the agency's ability to meet the needs of the individual requesting services, as well as the individual meeting the appropriate State and/or Federal Eligibility Criteria for Community-Based Services, plus whether the individual has been authorized for and/or has appropriate funding.

Eligibility will not be determined based on race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local law. Specific eligibility requirements may vary by program and funding source.

B) ADMISSION PROCESS:

1. A referral could be made by a parent, teacher, case manager, service coordinator, other professional or yourself.
2. After receiving the referral, Tangram's Assistant Director of Community Engagement will contact you and provide you with an overview of our agency mission, values, and operating principles. This information will help you understand the program and services you are requesting.
3. Tangram's Assistant Director of Community Engagement may ask you for further information (social history, medical documents, etc.) in order to best determine how to serve you and may ask that you sign an Authorization for Uses and Disclosures of PHI release form so these documents can be obtained.
4. If the services offered by Tangram will not best meet your needs, other services may be suggested.
5. If you are not eligible for the Tangram programs and/or services you desire, you will be notified within 30 days of the referral. The source of your referral will also be notified.
6. Until the requested services can be provided, you will be contacted at least every 30 days with an update on tentative start dates of the appropriate programs and/or services.

C) SERVICES:

Tangram provides the following programs and/or services:

- 1) Residential and Community Based Services
- 2) Behavioral Health Services
- 3) Private Pay Life Coaching Services
- 4) Employment Services (VR)
- 5) Wellness Coordination

Other support services will be examined as needed to reduce barriers, promote inclusion and increase quality of life as appropriate.

Residential and Community Based Services

Residential and community based services are provided by Direct Support Professionals (DSPs) who are overseen by a Program Manager. All DSPs have received training in CPR, First Aid, Medication Administration, and all training areas as defined by State of Indiana regulations and accreditation body or agency guidelines.

DSP minimum credentials:

1. Education: High school diploma or G.E.D.
2. General Requirements: Must have a valid driver's license, acceptable driving record, meet agency's driver insurability requirements, and have a reliable vehicle (in accordance with either the vehicle affidavit or a vehicle inspection) along with up-to-date automobile insurance. Must pass all required criminal background checks and drug screen.
3. Working Conditions: This position requires significant bending and lifting, the ability to work with people with diverse needs and must contribute to a positive and outcome-based work environment.

Behavioral Health Services

All behavioral health services are provided by Behavior Consultants (BCs) who are overseen by a Manager of Behavior Services. All BCs have received training in CPR, First Aid, and all training areas as defined by State of Indiana regulations and accreditation body or agency guidelines.

Behavior Consultant minimum credentials:

1. Education: Master's degree in clinical psychology, counseling psychology, school psychology, or another applied health service area of psychology; special education; social work; or counseling; or be a licensed marriage and family therapist licensed under IC 25-23; or be a licensed clinical social worker under IC 25-23; or be a licensed mental health counselor under IC 25-23; or have a master's degree in a human services field and be able

to demonstrate to the BDDS behavior management committee that the individual has either coursework in or five (5) years of experience in devising, implementing, and monitoring behavior support plans.

2. General Requirements: Must have a valid driver's license, acceptable driving record, meet agency's driver insurability requirements, and have a reliable vehicle (in accordance with either the vehicle affidavit or a vehicle inspection) along with up-to-date automobile insurance. Must pass all required criminal background checks and drug screen.
3. Working Conditions: This position requires the ability to establish performance goals, coach performance, provide training, evaluate performance, verbally express ideas and convey information respectfully while making an effort to listen to and understand the customer.

Private Pay Life Coaching Services

All life coaching services are provided by Life Coaches who are overseen by a Manager of Behavior Services. All Life Coaches have received training in CPR, First Aid, and all training areas as defined by State of Indiana regulations and accreditation body or agency guidelines.

Life Coach minimum credentials:

1. Education: Bachelor's Degree from an accredited four-year college or university with major course work in Human Services, Education, Vocational Counseling or other field closely related. An Associate's Degree with significant experience may be considered in lieu of the Bachelor's Degree.
2. General Requirements: Must have a valid driver's license, acceptable driving record, meet agency's driver insurability requirements, and have a reliable vehicle (in accordance with either the vehicle affidavit or a vehicle inspection) along with up-to-date automobile insurance. Must pass all required criminal background checks and drug screen.
3. Working Conditions: This position requires the ability to establish performance goals, coach performance, provide training, evaluate performance, verbally express ideas and convey information respectfully while making an effort to listen to and understand the customer.

Employment Services

All employment services are provided by Employment Consultants who are overseen by the Assistant Director of Employment Services. All Employment Consultants have received training in CPR, First Aid, and all training areas as defined by State of Indiana regulations and accreditation body or agency guidelines.

Employment Consultant minimum credentials:

1. Education: Bachelor's Degree from an accredited four-year college or university with major course work in Human Services, Education, Vocational Counseling or other field

closely related. An Associate's Degree with significant experience may be considered in lieu of the Bachelor's Degree.

2. General Requirements: Must have a valid driver's license, acceptable driving record, meet agency's driver insurability requirements, and have a reliable vehicle (in accordance with either the vehicle affidavit or a vehicle inspection) along with up-to-date automobile insurance. Must pass all required criminal background checks and drug screen.
3. Working Conditions: As this individual will be assisting candidates in placements in various work environments, this will be dependent upon each individual work environment.

Wellness Coordination

All wellness services are provided in conjunction with residential services by Licensed Practical Nurses (LPNs) who are overseen by a Registered Nurse (RN). All LPNs have received training in CPR, First Aid, and all training areas as defined by State of Indiana regulations and accreditation body or agency guidelines.

Licensed Practical Nurse minimum credentials:

1. Education: Associate of Science in Nursing with 1-2 years of nursing experience preferred or equivalent of work experience required. State of Indiana Licensed Practical Nurse Certificate and CPR certification required. Core A & Core B Train-the-Trainer certification preferred.
2. General Requirements: Must have a valid driver's license, acceptable driving record, meet agency's driver insurability requirements, and have a reliable vehicle (in accordance with either the vehicle affidavit or a vehicle inspection) along with up-to-date automobile insurance. Must pass all required criminal background checks and drug screen.
3. Working Conditions: This position requires significant bending, lifting and stopping. Must be able to demonstrate the ability to lift 100 lbs. Considerable physical activity is required. Requires heavy physical work, lifting, pushing, or pulling. Work environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.

D) RIGHT OF CHOICE:

Tangram staff are trained and qualified to provide levels of service consistent with their job responsibilities as outlined in the employee's job description. Every effort is made to create the best match between Tangram staff and those to whom they provide services. Per state regulations, you have the right of choice in your service providers. Tangram will make every effort to allow you an opportunity to meet possible staff prior to them starting services with you. You also have the right to decline any program and/or service from any Tangram staff.

E) CONSULTATION:

Discovering the best services and programs for you will involve the partnering of everyone significantly involved in your life as appropriate, including but not limited to: family, friends, advocates and other community members, often through the Person-Centered Individualized Support Planning process (PCISP). The assessment, planning, and vision stages are very important when compiling as much information as possible about your interests, hobbies, and abilities in order to fully implement your vision.

F) PLAN DEVELOPMENT:

Desired outcomes are based upon your interests, preferences and needs as detailed in your PCISP. The dreams and outcomes discovered during the planning process are then translated into goals and strategies in a Person-Centered Individualized Support Plan (PCISP). This process will be coordinated with other agency services and with existing residential services, if applicable. Your support staff will partner with you and your other supports to implement the Person-Centered Individualized Support Plan (PCISP) and make adjustments as necessary to ensure progress.

G) SERVICE DURATION AND OUTCOMES:

LENGTH OF SERVICES

The length of services is determined by your need, preference, funding and ability to meet eligibility criteria. Programmatic progress is assessed on an ongoing basis as a part of the goal review process.

EXPECTED OUTCOMES

Our desired goal is for you to be satisfied with your involvement, the quality of your life, and with the services and programs that Tangram provides. For quality improvement purposes, you will be asked to complete a *Satisfaction Survey* from time to time. Participation is voluntary but encouraged as the survey results will better aid Tangram with meeting your needs.

H) REVIEW SCHEDULE:

Progress is documented daily, monthly and quarterly and reviewed by you and your support staff. You can request to have your Person-Centered Individualized Support Plan reviewed at any time by notifying your Program Manager, Behavior Consultant, Employment Consultant, and/or Waiver Case Manager, as applicable.

I) DISCHARGE / RE-ENTRY, TRANSFER and CLOSURE PROCEDURES:

The following is intended to establish a procedure for a fair and equitable method of managing the discharge from and/or the re-entry of clients into Tangram's programs and services.

- 1) The decision to discharge an individual from services may be made by the individual, guardian, the Program Director, or by the President/CEO, or based on an issue with the funding source. Dissenting opinions will be taken into consideration. Reasons for discharge may include, but are not limited to: the individual no longer needs or desires services, the funding source ceases support, and/or the organization determines that it is unable to meet the client's needs.
- 2) If the decision to discharge is made by Tangram, a notice of discharge will be made in writing and mailed to you or your legal guardian, if applicable, and to the Bureau of Developmental Disability Services (BDDS). You or your guardian will receive this written notice at least sixty (60) days prior to the termination of services if the services being provided are of an ongoing nature.
- 3) A discharge summary will be written and placed in the permanent record explaining the circumstances surrounding the decision. You will have the opportunity to participate in a transition meeting if you choose a new provider for your residential service.
- 4) Circumstances may necessitate the re-entry or re-initiation of services. These may include, but are not limited to: loss of community placement, changes in the community activity and/or renewed interest in or need for the service.

J) CLIENT RESPONSIBILITIES:

It is recognized by Tangram that all clients served have a responsibility to partner with their supports in a way that will enable them to lead more self-determined, quality-driven lives. It is expected that both support staff and clients will demonstrate respectful attitudes and behaviors that will contribute to a supportive, caring and positive environment.

K) CLIENT/FAMILY/VISITOR CODE OF CONDUCT:

Tangram believes in the inherent value of all people and the right to have a meaningful life. Tangram maintains an Ethical Code that is the organization's guide to incorporating agency values in our work and supporting day-to-day decision making. As such, Tangram has developed a Code of Conduct for our clients and their families, legal guardians and loved ones involved in our clients' care. This Code of Conduct is developed to provide guidance on expectations for acceptable behavior by visitors and other external stakeholders.

Tangram expects that family members, legal guardians and other individuals visiting clients at a site of service delivery adhere to the following guidelines:

- 1) We expect all individuals to conduct themselves in a positive manner;
- 2) All individuals' behavior should support the health, safety and well-being of Tangram staff and clients;
- 3) Tangram maintains a drug-free environment;
- 4) Behavior that results in the loss and/or destruction of property is prohibited;
- 5) All individuals are expected to cooperate with Tangram staff while services are being provided in order to demonstrate respect for the clients;
- 6) All individuals should refrain from the use of profanity or offensive language, especially that which may be directed at Tangram clients and/or staff;
- 7) All individuals are expected to abide by all applicable laws, rules and regulations governing service delivery;
- 8) All individuals are expected to abstain from conduct intended to be abusive, neglectful and/or exploitative or that may humiliate or intimidate others, including Tangram clients and staff; and
- 9) Any criminal activity or misuse of client resources by outside individuals is prohibited and may be reported to the appropriate state agency/authority.
- 10) Tangram respectfully requests that all family and visitors disclose any firearms, weapons, or objects that could be used as such to ensure the safety of all parties involved prior to entering a service delivery site.

It is important to remember that client homes are places of health care service provision. Each of Tangram's clients has the right to privacy and confidentiality in their homes and their private spaces. Per state regulations, there are specific incidents that must be reported to the

appropriate state agency when client health and/or safety may be jeopardized. Tangram adheres to all required reporting requirements. This includes mandatory reporting to Child or Adult Protective Services, as appropriate, when there is any suspicion, allegation or confirmed case of abuse, neglect, exploitation and/or a violation of an individual's rights.

Our clients and their loved ones put their trust in Tangram, as do our personnel, vendors, business partners and all internal and external stakeholders, including the communities we serve. We expect all family members, legal guardians and other individuals visiting clients to adhere to and follow this Code of Conduct and to help ensure that others do as well. By adhering to this Code of Conduct, Tangram can ensure that the environments in which our clients live and receive services and where our staff work remain positive environments where client goals and outcomes remain paramount.

Tangram maintains a complaint process that allows anyone to file a complaint about any aspect of Tangram services, including any violations of Tangram's Ethical Code or this Family/Visitor Code of Conduct. In the event that you witness or experience any threatening or inappropriate behavior by another individual, please report the situation immediately to a Tangram Program Manager or Director.

L) GRIEVANCE / COMPLAINT / APPEAL PROCEDURES:

Tangram is committed to providing the best possible services for its consumers, families, guardians and other stakeholders. Any consumer, family, guardian or other stakeholder has the right to state their concerns, problems and/or complaints and have the issue methodically addressed in a timely manner without the threat of retaliation or barriers to services.

Adult services staff members maintain an open-door policy. This means they are always open to work-related discussion. Staff members are responsible for listening, understanding, correcting and/or explaining.

Individuals, guardians, caregivers, and other interested persons shall have the right to file complaints regarding current and/or proposed services. Following Tangram's Complaint procedures as outlined below, individuals should bring their complaints and/or grievances to the attention of Tangram's Assistant Director of Quality and Compliance. This staff member will initiate an investigation into any received complaints.

Who Can File a Complaint and/or a Grievance?

Any person (client, family members, guardian, staff and other stakeholders) can file a complaint. Retaliation as a result of the complaint will not be tolerated or result in a barrier to services. The Assistant Director of Quality and Compliance, in conjunction with the applicable Program Director and other applicable staff, holds the responsibility of ensuring all complaints have been addressed in a timely manner.

What Can I File a Complaint and/or a Grievance about?

You can file a complaint about any aspect of care, staffing, your rights, safety, treatment and other matters governed by law.

When Should I File Complaint and/or a Grievance?

You should file a complaint when problems are serious to you. You are free to first discuss the problem(s) with your Program Manager, Behavior Consultant, or Employment Consultant. Most often issues and concerns can be resolved at this level and are usually the result of service changes or familiarization. If this does not help, if the problem is with your Program Manager, Behavior Consultant, or Employment Consultant, or if you would like to simply file a more formal complaint, you should contact the Assistant Director of Quality and Compliance to request that a complaint be filed on your behalf. You will be contacted directly by the applicable Program Director and/or the Assistant Director of Quality and Compliance at the onset of the investigation, as well as at its conclusion, to inform you of the efforts involved to resolve your situation.

How Do I File a Complaint and/or a Grievance?

Complaints may be made orally or in writing. If you, or anyone on your behalf, phone in a complaint, it is helpful that you then follow-up with a written complaint to ensure a paper trail.

Remember, at all steps of a complaint, you and/or a family member will be informed of their right to discuss concerns with their Waiver Case Manager or BDDS service coordinator.

Your complaint and/or grievance should include as much of the following as possible:

- Name and address of the facility/residence involved
- Your name, address, phone number, and relation to the client (if other than the client)
- Name of the client on whose behalf the complaint is made
- Date(s) and time(s) of incidents
- Specific complaints
- Names of witnesses (including other health care providers, such as hospital personnel)
- Names of staff, if relevant to the complaint and/or grievance
- Records that should be examined

I've Made a Complaint and/or a Grievance – What Happens Next?

The Director of Compliance and Risk Management, in conjunction with the Director of Operations and other applicable staff, must initiate an investigation as soon as possible but no later than two (2) weeks from receipt of the complaint. If the complaint involves a threat of imminent danger of death or serious bodily harm, the applicable Program Director and/or the Assistant Director of Quality and Compliance must investigate onsite within 24 hours of receipt of the complaint and/or grievance. **If this is the case, seek immediate emergency assistance as appropriate.*

What are my rights with regard to filing a Complaint?

- You have the right to be free from retaliation for a complaint.**
- You have the right to a response.** Within two (2) weeks of the receipt of the complaint, the applicable Program Director and/or the Assistant Director of Quality and Compliance must complete the investigation and notify you of the findings. Communication to consumers will be in their usual mode of communication to ensure understandability of the findings.

- ❑ **You have the right to file your complaint outside of Tangram, Inc.** You may notify your Case Manager, BQIS Representative or BDDS Office at any time during the complaint process. You may reach the BQIS Complaint Hotline toll-free at 1-866-296-8322. As well, the Indiana Protection and Advocacy Services Department may be of assistance (1-800-622-4845, ext. 234).

What are the rights of Tangram with regard to investigating my Complaint?

- ❑ **Tangram has the right to interview individuals regarding the complaint.** It may be necessary for the Tangram employee investigating your complaint to interview witnesses or other individuals, take statements, and discuss options for resolution with applicable staff member.
- ❑ **Tangram has the right to visit client homes.** The applicable Program Director and/or the Assistant Director of Quality and Compliance may visit client homes during the investigation process in order to conduct interviews, obtain statements and analyze other circumstances surrounding your complaint.
- ❑ **Tangram has the right to request and review documentation.** It may be necessary for the Assistant Director of Quality and Compliance, the applicable Program Director or other applicable management staff to request documentation related to your complaint and to review certain documentation in order to complete a thorough investigation. You have the right to refuse to provide certain documentation to which Tangram may not otherwise have access. Tangram will work to complete as thorough of an investigation as is possible when information may be withheld.

What responsibilities do I have with regard to filing my Complaint?

- ❑ **Tangram encourages you to be as specific as possible in your reporting.** The more details we have regarding your complaint, the more thorough our investigation efforts will be.
- ❑ **Tangram encourages you to report your concerns in a timely manner.** This allows for the effective gathering of information and the accuracy of information obtained during investigations. It also allows us to respond to your concerns quickly and efficiently.

What responsibilities does Tangram have with regard to investigating my Complaint?

- ❑ **Tangram will manage all protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA).** The privacy of your health information is important to us. We will handle your PHI in accordance with agency policies and procedures and all applicable state and federal laws.
- ❑ **Tangram will make an effort to resolve your concerns, when possible.** The Assistant Director of Quality and Compliance and/or the applicable Program Director and/or the Assistant Director of Quality and Compliance will work with other staff and consumers to attempt to address your questions and concerns as effectively as possible.
- ❑ **Tangram will utilize adequate timeframes that will result in timely decisions.**

What If I'm Dissatisfied with the Findings?

If you are dissatisfied with the findings, you have the right to a conference with the President/CEO of Tangram, Inc. To request the conference, simply notify the applicable Program Director and/or the Assistant Director of Quality and Compliance and/or the

Assistant Director of Quality and Compliance of your dissatisfaction and desire to appeal. The conference should be scheduled within two (2) weeks. Within two (2) weeks after the informal conference, the appropriate Program Director and/or the Assistant Director of Quality and Compliance will notify you of the final determinations.

What If I'm Dissatisfied with the Results of the Informal Conference?

If you are dissatisfied with the results of the informal conference, you have the right to appeal to your Case Manager, your BQIS Representative, or your District BDDS office.

Other resources for problem resolution include the following:

- Bureau of Developmental Disability Services (317) 254-2065
- Protection and Advocacy Services, Residential Services Division (317) 232-1150
- Department of Aging and Rehabilitative Services (317) 232-7930
- For client comments or questions, please contact:
Assistant Director of Quality and Compliance
By Phone: (317) 968-9019
By email: sbwilliams@thetangramway.org

Included below is a form that you can utilize to file a complaint.

COMPLAINT FORM

Date Completed: _____

Name of person filing complaint (relationship if not consumer):

Address: _____ **City:** _____

State: _____ **Zip:** _____

Daytime phone: _____ **Evening phone:** _____

Other: _____

Location of Occurrence: _____

Name of Consumer on whose behalf the complaint is made:

Nature of Complaint: (Include all contributing factors that are causing the concern or issue)

COMPLAINT FORM (CONTINUED)

Date(s) of incident: _____

Shift(s) when incident(s) occurred, if known:

Day Afternoon Night Time(s): _____

Persons having information about the issue/concern identified in the complaint:

Records that have been or should be examined:

Name of staff person(s) if violation involves action or lack of action by staff:

Mark the following spaces that apply:

- I have sent a copy of my complaint to my case manager, Physician, BQIS or BDDS representative (circle all of the appropriate choices).
- I want to know the name of the investigator assigned to this complaint.
- I want to talk with the investigator before s/he goes to the facility for an onsite visit.
- I want to accompany the investigator to the facility when the complaint investigation is being done.
- I want a copy of the final complaint report and notice of my rights if I am not satisfied with your findings.

Signature of Client or Client's Legal Guardian

Date

Signature of Tangram's Assistant Director of
Quality and Compliance

Date

M) SAFEGUARDING INDIVIDUAL RIGHTS:

The rights of persons with disabilities are the same as all citizens granted by the Constitution of the United States and the Constitution of Indiana. All individuals of adult age, unless legally determined otherwise, are capable of exercising their full range of constitutional, statutory and civil rights. All clients will be informed of their rights in writing at the time of enrollment and each year at their annual review.

Every client has the following inalienable rights:

- The right to be treated humanely and protected from harm
- The right to be free from any and all abuse, neglect, financial or other exploitation, retaliation and humiliation
- The right to access meaningful and appropriate services
- The right to live and receive services in a safe, secure, and supportive environment
- The right for personal information to be confidentially maintained
- The right to express grievances with services and/or care and to have that grievance answered and resolved in a prompt manner
- The right to have all alleged right violations reported and investigated
- The right to be informed of your rights at least annually and in a manner that is your usual or preferred method of communication
- The right to be treated with dignity and respect
- The right to have privacy and obtain an optimal quality of life
- The right to give written consent before information from your records is released to persons or organizations not otherwise authorized by law to receive them
- The right to regularly see your primary physician and/or any medical specialist, at your own expense
- The right to be informed of all risks of treatment
- The right to refuse treatment
- The right to informed consent or refusal of expression of choice regarding concurrent services
- The right and freedom to direct your own life
- The right to have access to self-help and advocacy support services
- The right to have regular developmental and behavioral assessments and to be informed of the results
- The right to meet privately with and communicate with persons of your own choosing unless these associations infringe upon the rights of other clients and/or is detrimental to your welfare. Any restrictions upon these rights will require the approval of the client and the entire interdisciplinary team
- The right to send and receive unopened mail
- The right to make and receive telephone calls, both incoming and outgoing local and long distance, privately and at your own expense
- The right to own, access and utilize appropriate personal possessions and clothing
- The right to communicate, associate, and meet privately with persons of your choosing

- The right to participate in social, religious, cultural or community activities of your choosing
- The right to have access to information pertinent to you in sufficient time to facilitate your decision making

In Addition:

- Clients shall be allowed the dignity of volunteering in places of their choice. Volunteer “jobs” shall only occur if the job is regularly completed by volunteers or where volunteers have been recruited for the work.
- Clients may, to the extent of their ability, perform customary housekeeping and maintenance in their homes without pay
- Staff will not open client mail without permission from the client/guardian
- Clients will be informed of their rights annually and a signed copy will be maintained in their personal file
- Through the PCISP and behavior plans Tangram will ensure that individuals are, at regular intervals and as specified by these plans, informed of their medical condition, their developmental and behavioral status, the risks of treatment, and their right to refuse treatment
- Through the PCISP and behavior plans, Tangram will ensure the individual is free from unnecessary medications and physical restraints. Additionally, Tangram will reduce an individual’s dependence on medications and physical restraints.
- Through the PCISP and behavior plans, Tangram will ensure all consumers have the opportunity for personal privacy
- Through the PCISP and behavior plans, Tangram will ensure that an individual is not compelled to perform services for Tangram
- Tangram will ensure that an individual who works voluntarily for a provider is compensated at the prevailing wage and commensurate with the individual’s abilities
- Consumer funds will be maintained in accordance with Tangram’s Fiscal policies and procedures and should not be misused or misappropriated
- Program Managers, Behavior Consultants, and Employment Consultants will ensure consumers receive notification of their rights in writing and in their usual mode of communication at least annually
- An alleged violation of an individual’s rights will be investigated by the Department Director and the Assistant Director of Quality and Compliance.

RELEASE OF INFORMATION

As a health care provider, Tangram complies with all rules and regulations under the Health Insurance Portability and Accountability Act (HIPAA) with regard to the use and disclosure of an individual’s protected health information (PHI). Tangram will obtain the written consent of the clients or their legal representative, if applicable, before releasing information from the individual’s records unless the person requesting release of the records is authorized by law to receive the records without consent. A Notice of Privacy Practices explaining HIPAA guidelines is included in this handbook.

CONFIDENTIALITY OF INFORMATION

Certain safeguards are to be taken regarding the health information collected and maintained

by Tangram. You have the following rights concerning your records:

- To request copies of your records and to receive an explanation/interpretation of those records;
- To see only the information pertaining to you;
- To have someone else of your choosing examine the records;
- To have a copy of the information in the record free of charge;
- To place statements in the records commenting on the information contained in them;
- To request a copy of Tangram's confidentiality policy; and
- To request a hearing if there is a refusal to amend records which you believe contain information that is inaccurate, misleading, or in violation of your right to privacy, or if you believe that is a violation of your right to confidentiality of information in some manner.

ABUSE, NEGLECT AND EXPLOITATION

This agency prohibits the abuse, neglect, exploitation, humiliation or mistreatment of clients and violation of clients' rights. This prohibition includes corporal punishment, forced physical activity, hitting, pinching, the application of painful or noxious stimuli, unnecessary physical or chemical restraints, the use of electric shock or the infliction of physical pain, seclusion alone in an area from which exit is prohibited, verbal abuse, a practice which denies the individual sleep, shelter, food drink, physical movement for long periods of time, use of bathroom facilities, the misuse or misappropriation of a client's personal funds and property, work benefiting others without pay.

In the event that a Tangram employee is suspected of abuse, neglect and/or exploitation of a client, the appropriate authorities will be notified, the employee will be suspended and an internal investigation will be initiated.

N) RESOURCES FOR PERSONS SERVED:

This resource page is intended to provide our clients and their families with resources related to protection, advocacy and legal issues for persons with disabilities. You can find more resource information by visiting our website at www.thetangramway.org and clicking on "Community Resources" under the "About Tangram" drop-down. You can also contact your Program Manager, Behavior Consultant, Employment Consultant and/or Case Manager for further information on advocacy and protection.

Statewide Waiver Ombudsman

Matt Rodway
402 W. Washington Street, #W451
P.O. Box 7083, MS26

www.thetangramway.org

(317)-571-1042

Indianapolis, IN 46207-7083
Email: Matt.Rodway@fssa.in.gov
Toll Free: (800) 622-4484
Phone: (317) 503-1217

Protection and Advocacy

Indiana Disability Rights

4701 N. Keystone Avenue
Suite 222

Indianapolis, IN 46205

Contact for general information: Email: info@IndianaDisabilityRights.org

Phone: (800) 622-4845

TTY: (800) 838-1131

Website: www.IndianaDisabilityRights.org

Indiana Disability Rights exists to protect and advocate the rights of people with disabilities and is Indiana's federally designated protection and advocacy system and client protection program.

Self-Advocacy

Indiana Institute on Disability and Community and the Indiana Alliance for Full Participation State Team

1905 North Range Rd.
Bloomington, IN 47408

Phone: (812) 855-6508

TTY: (812) 855-9396

Fax: (812) 855-9630

Email: libiicd@indiana.edu

Website: www.iidc.indiana.edu

The Institute works to build community capacity through its collaborative efforts with institutions of higher education, state and local government agencies, community service providers, persons with disabilities and their families, and advocacy organizations. On the website, you will find the link to the website for the Indiana Alliance for Full Participation.

Self Advocates of Indiana

c/o The ARC of Indiana

143 W. Market Street
Suite 200

Indianapolis, IN 46204

Phone: (800) 382-9100

(317) 977-2375

Website: <https://www.saind.org>

www.thetangramway.org

(317)-571-1042

The organization's board is working hard to develop and lead the organization so that they can be an effective resource to people with developmental disabilities and their families throughout Indiana.

Legal Services

ACLU of Indiana

1031 E. Washington Street
Indianapolis, IN 46202
Phone: (317) 635-4059
Fax: (317) 635-4105
Email: info@aclu-in.org
Website: <http://www.aclu-in.org/>

The ACLU of Indiana is dedicated to defending individual rights and preserving liberties that are grounded in the United States and Indiana Constitutions and civil rights laws.

Coalition for Court Access

251 N. Illinois Street
Suite 800
Indianapolis, IN 46204
Phone: (317) 234-1376
Website: www.in.gov/judiciary/iocs/3149

The Coalition for Court Access was created to provide a focused and comprehensive organizational structure for Indiana's civil legal aid programs.

Indianapolis Legal Aid Society

615 N. Alabama
Suite 122
Indianapolis, IN 46204
Phone: (317) 635-9538
Website: <http://www.indylas.org/>

Attorneys at the Indianapolis Legal Aid Society provide advice on most civil law matters, and can help simplify and explain the complexities of legal issues.

Indiana Legal Services - Indianapolis Office

151 North Delaware
Suite 1800
Indianapolis, IN 46204
Phone: (800) 869-0212
(317) 631-9410
Fax: (317) 631-9775
Website: <http://www.indianajustice.org/Home/PublicWeb>

Indiana Legal Services (ILS) is a nonprofit law firm that provides legal assistance to eligible low-income people throughout the state of Indiana. ILS's Indianapolis Office also includes the Immigrants and Language Rights Center.

Neighborhood Christian Legal Clinic

3333 N. Meridian Street

Suite 201

Indianapolis, IN 46208

Phone: (317) 429-4131

Fax: (317) 429-4130

Website: <http://www.nclegalclinic.org/>

Neighborhood Christian Legal Clinic is a non-profit 501(c)(3) corporation offering pro bono legal representation and preventive legal education to low income families, including immigrant families. They generally accept clients in the greater Indianapolis metro area whose income is at or below 125% of the Federal Poverty Guidelines.

O) CONFIDENTIALITY AND ACCESS TO RECORDS:

Tangram strives to ensure that agency records are accurate and to provide information that documents the services provided and supports the claims submitted. Any tampering with or falsifying any medical records, financial documents or other records is not tolerated.

The confidentiality of client records and information is maintained in accordance with all applicable federal, state and local confidentiality, privacy and security laws and regulations that protect client information, including protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Any access to and/or release of client PHI is governed by these laws. As such, access to records will adhere to the guidelines as outlined in your HIPAA Notice of Privacy Practices and includes the following:

- 1) Your electronic records are kept in a secure database and paper records are kept in Tangram's locked file room or at the site of service delivery, as mandated by state regulation. You will be asked to sign an "Authorization for Uses and Disclosures of PHI" release form before any information from your record can be given to anyone.
- 2) If you want to view the records that Tangram maintains on your behalf, you should notify Tangram's HIPAA Privacy Officer in writing in accordance with Tangram's Notice of Privacy Practices as contained in this handbook.

- 3) Your Program Manager, Behavior Consultant, Employment Consultant, or the HIPAA Privacy Officer will be present at the time you look at your records to help you understand what is contained in the records.
- 4) If you have any questions about what information is stored in your records, please notify your Program Manager, Behavior Consultant, Employment Consultant, or the HIPAA Privacy Officer

P) HIPAA NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

If you have any questions about this notice, please contact

Vice President of Administration
5155 Pennwood Dr. Indianapolis, IN 46205
sgabbert@thetangramway.org
(317) 968-9050

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

LAYERED SUMMARY TEXT -

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many

conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

Tangram never markets or sells client Protected Health Information (PHI).

Tangram does create or maintain a client directory.

In accordance with Indiana Code (IC) 16-39-1-1, written authorizations for the release of PHI are valid for sixty (60) days after the date the request is made.

Q) CONCLUSION

Tangram is committed to providing quality services. Not only do we comply with established human service standards, but we continually assess the effectiveness of our programs. In line with this, Tangram will be adopting a model called ASPIRE to Excellence. According to the Commission for Accreditation of Rehabilitation Facilities (CARF), this model will help organizations better meet the demands of the modern health and human services environment.

ASPIRE to Excellence is composed of six high-level competencies: Assessment; Strategy; Person served-stakeholder input; Implementation; Results review; and Evaluation - changes/execution.

What does this mean to you? It means that Tangram will utilize a specific, strategic methodology to evaluate and improve the effectiveness and quality of the services you choose to receive from this organization

SIGNATURE PAGES FOLLOW

RECEIPT OF INFORMATION ACKNOWLEDGMENT

I, (client name or legal guardian, if applicable) _____ received,
reviewed and understand the following information/documents:

Please initial those items received.

_____ **Client Handbook**, which includes:

Client Rights/Safeguarding Individual Rights: I have been presented with the Client Rights information and how I can safeguard those rights. I understand that any questions or concerns I may have about these rights can be directed to any staff at Tangram.

Grievance/Complaint and Appeal Processes: I understand that it is my right to present a complaint and/or grievance regarding any issue that pertains to my services through Tangram and that presenting the complaint and/or grievance will not result in any form of retaliation or barrier to programs and/or services.

HIPAA Notice of Privacy Practices: I acknowledge that Tangram may use & disclose my protected health information as described in the notice. I was given the opportunity to ask questions, which were answered to my satisfaction.

_____ **Other** _____

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if applicable)



LIMITED ACCESS TO PERSONS INVOLVED IN A CLIENT'S CARE AND FOR NOTIFICATION PURPOSES

_____ (Client Name) has been advised that Tangram, in accordance with applicable Health Insurance Portability and Accountability Act (HIPAA) guidelines, may use or disclose the client's protected health information, not including mental health records, drug and alcohol treatment records, and communicable disease records, including HIV/AIDS records, to a family member, other relative, or a close personal friend of the individual, or any other person identified by the client, to the extent that the protected health information is directly relevant to such person's involvement with the individual's care or payment related to the individual's health care.

If the client is present when this use or disclosure may occur, the client has the right to agree or object to such disclosures at that time. The client also has the opportunity to object to any and all such disclosures at the bottom of this form.

If the client is not present when this use or disclosure may occur, and Tangram does not have an objection on file, Tangram will determine whether the disclosure is in the best interests of the client and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the client's health care.

Furthermore, Tangram may use or disclose protected health information, not including mental health records, drug and alcohol treatment records, and communicable disease records, including HIV/AIDS records, to a public or private entity authorized by law or by its charter to assist in disaster relief efforts and to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the client, or another person responsible for the care of the client of the client's location, general condition, or death.

- I do not object to the use and disclosure of the client's protected health information in accordance with this policy.
I do object to the use and disclosure of the client's protected health information in accordance with this policy.

Client Name, Date of Signature, Client Signature, Witness, Printed Name of Personal Representative, Date of Signature, Signature of Personal Representative, Description of Representative's Authority to Act for Client (if applicable)

REQUEST TO PROVIDE NOTICE OF PRIVACY PRACTICES BY EMAIL

_____ (Client/Guardian Name) hereby agrees to receive any copies and/or updates of Tangram's Notice of Privacy Practices by email.

Email address

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)

PRIVATE PAY FOR SERVICES

I understand that services are provided by Tangram in accordance with authorization by the State of Indiana. I also understand that I may want or need additional services and that Tangram is unable to provide services beyond what is mandated, authorized and/or reimbursed by the state.

For individuals who may request or require additional hours of services in the Behavioral Health, Discovery and/or Residential Habilitation Support services areas, there are private pay options available through Tangram. I understand that I may request additional information from Tangram on these private pay options by speaking with the Assistant Director of Community Engagement at the initiation of services.

Assistant Director of Community Engagement
jhehe@thetangramway.org
(317) 908-9088

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)

CONSENT FOR BLOOD-BORNE INFECTIOUS DISEASE TESTING

I herein document my authorization for Tangram, Inc. to test the client named below for blood-borne diseases, including, but not limited to, hepatitis, Acquired Immune Deficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV) in the event that an incident occurs where staff members, volunteers, or other individuals served may become exposed to blood, bodily fluids, or other potentially infectious materials.

- YES** I do authorize Tangram to conduct blood-borne infectious disease testing
- NO** I do not authorize Tangram to conduct blood-borne infectious disease testing

I understand that the results of these tests will become part of my confidential medical record and that failure to consent to these tests will not result in denial of admission to Tangram services or a future barrier of services.

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)

EMERGENCY TREATMENT CONSENT

I hereby give permission for Tangram, Inc. and its staff to secure medical treatment and/or to secure hospitalization, if necessary, for

Client Name

in the event of an emergency. Furthermore, I hereby waive and forever release and discharge Tangram, Inc. and its directors, agents, employees, volunteers, and other representatives of and from any and all claims which may result from the procurement of such services.

I understand that expenses for medical services will be the full responsibility of the client, the client's legal guardian(s), if applicable, and/or the client's health insurance company.

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)

MEDICATION AUTHORIZATION CONSENT

I hereby authorize Tangram, Inc. and its staff members to administer prescribed medication to

Client Name

in accordance with written orders of the prescribing physician. I understand that a written order from the physician and the properly labeled pharmacy container must be provided to Tangram staff members in order for the medication to be given.

I further understand that Tangram will obtain written informed consent for any new medications prescribed during the client's time of services with Tangram, or for any medication increases, when behavioral control medications are prescribed.

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)

USE OF ASSISTIVE DEVICES

Tangram strives to provide the most effective services for individuals in all program areas. The health and safety of the individuals we serve is an important component of effective and meaningful services. Our goal is to provide the safest possible environment for both persons served and the staff members who work with them.

Therefore, Tangram staff members working with persons served will be expected to use personal protective equipment and assistive devices and equipment in order to accomplish this goal. For those persons served who need the assistance of lifting and/or transferring in any capacity, staff members will now be required to utilize the appropriate assistive devices and equipment to perform these functions. These assistive devices and equipment include, but are not limited to, a Hoyer lift, trapeze, or any other piece of equipment used to assist in lifting and/or transferring of persons served.

Tangram will ensure that staff members are trained on the proper use of personal protective equipment and also on the use of appropriate assistive devices and equipment to meet the needs of each person served while allowing for the safest method of lifting and/or transferring the individual.

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)



CONSENT FOR BEHAVIORAL HEALTH SERVICES

I hereby authorize Tangram, Inc. and its Behavioral Health Services staff to provide Behavioral Health Services to

Client Name

Client's Date of Birth

Client's Social Security Number

in accordance with Behavioral Health Services standards. I understand that Behavioral Health Services will be provided in accordance with the allowable amounts as authorized by the State of Indiana.

I further understand that Tangram will comply with all guidelines regarding the provision of Behavioral Health Services, including Tangram's Medication Authorization Consent when behavioral control medications are prescribed.

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)



INDIVIDUAL EMERGENCY PREPAREDNESS PLAN

Tangram is committed to the health and safety of its clients. This information is being collected to prepare for unforeseen emergency situations, including but not limited to blizzards, disruption of utilities, earthquakes, exposure to infectious diseases, fire, flood, power outages, tornado, or terrorist activity. This information will be reviewed at least annually.

Emergency Contact	Relationship	Phone Number(s)
-------------------	--------------	-----------------

Emergency Contact	Relationship	Phone Number(s)
-------------------	--------------	-----------------

Primary Physician	Phone Number
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Pharmacy

Allergies

Critical supplies/communication Info

Unique signs of stress/confusion

In the event the client's home becomes uninhabitable due to any of the above emergency situations, the following action will be taken:

- Client will go home with family or designee

Name of designee

Phone Number

Address

- Tangram will secure alternate housing
- Client may temporarily reside with staff in staff home
- Other _____

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)



DEMOGRAPHICS INFORMATION

Tangram does not deny services or employment based on race, creed, color, religion/spiritual beliefs, sex, culture, language, national origin, military service veteran status, socioeconomic status, ancestry, age, sexual orientation, gender identity or physical or mental disability. Board of Directors Policy #109, Quality of Care, #1

Tangram collects voluntary demographic information from its clients to help shape future services and business decisions. Additionally, anonymized demographic information may be submitted to third parties for the purpose of grant and funding requests and other business requirements. Tangram does not sell or release non-anonymized information to outside entities.

Identified Gender	Date of Birth
Race	Ethnicity
Education Level	Employment Status
Living Arrangement	Marital Status
Number of Persons in Household*	Household Income*

*Please consider "household" to be anyone living with AND ALSO sharing financial and social resources with the client. For example, waiver roommates are not considered to be part of the same household.

VOLUNTARY CONSENT TO PROVIDE A SAFE WORKPLACE ENVIRONMENT

Tangram is dedicated to delivering services that focus on quality in areas where individuals and families need services most, their homes and natural environment settings. It is the policy of Tangram, Inc. to ensure that its Human Rights Committee (HRC) operates under the authorization of the President/CEO and that the HRC works to protect and promote the health, safety and security of all its consumers and staff. Safety in the natural environment is most important to create effective service and standards for the workplace that are of the highest quality. For this reason, we ask families to voluntarily agree to provide a safe home environment for home-based client services.

I voluntarily agree to provide the following during Tangram client service hours:

- An environment free of:
 - Smoking
 - Open containers of alcohol or other controlled substances
 - Firearms or other known weapons
 - Animal containment if necessary
- An environment that refrains from the use of profanity or offensive language, especially that which may be directed at Tangram clients and/or staff.
- An environment where all parties are expected to abide by all applicable laws, rules and regulations governing service delivery;
- An environment where all are expected to abstain from conduct intended to be abusive, neglectful and/or exploitative or that may humiliate or intimidate others, including Tangram clients and staff.
- An environment where any criminal activity or misuse of client resources by outside individuals is prohibited and may be reported to the appropriate state agency/authority.
- An environment that is reasonably clean for client services.

I understand and agree to adhere to the above. Should any of the above workplace safety standards be violated IMMEDIATE SUSPENSION OF SERVICE may be required until the situation is rectified.

Client Name

Date of Signature

Client Signature

Witness

Printed Name of Personal Representative

Date of Signature

Signature of Personal Representative

Description of Representative's
Authority to Act for Client (if
applicable)