



taking on disability together

## Clinical Services Consumer Handbook

### Our Purpose:

Easterseals Crossroads is changing the way the world defines and views disability by making profound, positive differences in people's lives every day.

#### Main

4740 Kingsway Drive  
Indianapolis, IN 46205-1521  
317.466.1000  
317.466.2000 fax

#### South

3215 East Thompson Road  
Indianapolis, IN 46227  
317.782.8888  
317.788.4640 fax

[eastersealscrossroads.org](http://eastersealscrossroads.org)



taking on disability together

## Welcome

### Easterseals Crossroads Core Values

**QUALITY**

*Excellence in work*

**INTEGRITY**

*Honesty and accountability*

**RESPECT**

*High regard for each person*

**SERVICE**

*Consumer and family focus*

Dear Consumer or Parent,

It gives me great pleasure to welcome you to Easterseals Crossroads! Since 1936, Easterseals Crossroads has been actively involved in our community. We are proud to be both the Central Indiana Easterseals and a United Way Agency, and to be recognized for high standards of quality service through accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Consumers, which include adults, as well as children and their families, come to Easterseals Crossroads for many different reasons, though all include increased personal independence. Each consumer's specific goals are very important to us because consumer success is our most important objective. We are committed to utilizing our expertise to deliver services that incorporate consumer ideas and feedback. We will ask for your input in planning services and also seek your evaluation of the services provided.

If you or members of your family ever have any questions, please do not hesitate to ask any of our staff. We are here to support you. We look forward to your partnership with Easterseals Crossroads as you make progress toward accomplishing your goals and maximizing your potential!

Sincerely,

J. Patrick Sandy  
President/CEO

Main . 4740 Kingsway Drive . Indianapolis, IN 46205 . p/ 317.466.1000  
South . 3215 East Thompson Road . Indianapolis, IN 46227 . p/ 317.782.8888  
Industrial Services . 8302 East 33<sup>rd</sup> Street . Indianapolis, IN 46226 . p/ 317.897.7320  
[eastersealscrossroads.org](http://eastersealscrossroads.org) . [crossroadsindustrialservices.org](http://crossroadsindustrialservices.org)



# **EASTERSEALS CROSSROADS CODE OF ETHICS**

## **Our commitment to you...**

Thank you for entrusting us with your care or the care of your family member. Our staff members, board members, and volunteers are aware of the close relationship that can develop while you are receiving services at Easterseals Crossroads. We promise to provide competent and ethical service. Our Code of Ethics (Policy 101.02) is based on the following principles:

- ) Respect for the individual
  - o We will maintain a high level of regard for you and your family.
  - o You will be treated with respect and dignity.
- ) Building Trust and Credibility
  - o We will be honest with you.
  - o We will practice with integrity; we promise to follow through with our commitments.
- ) Upholding the law
  - o We will comply with all applicable laws, rules, and regulations where we do business.
  - o We will practice within the organization's policies and regulations.
- ) Health & Safety
  - o We will maintain a healthy environment for you and your family.
  - o We will do our best to keep you safe while you are in our care or in our facilities – please help us by following the directions of our staff in the event of an emergency.
- ) Conflicts of interest
  - o We will avoid any relationship or activity that might impair our ability to make objective and fair decisions when performing our jobs.
  - o Our staff shall not act as a witness to documents such as a power of attorney, guardianship, advance directives, and/or agency contracts for you or your family members.
- ) Gifts, Gratuities and Business Courtesies
  - o Our staff will not accept gifts that create a perception of favorable treatment.
  - o Your success is our reward, never feel as if you need to give our staff gifts or gratuities.
- ) Confidentiality
  - o We will not disclose your protected health information without your permission.
  - o The fact that you are receiving services at ESC is confidential – If we see you in public, we will not acknowledge that you are receiving services at ESC.

If you feel that we have failed to uphold these principles, please bring it to our attention. Please call 317.466.1000 and ask to speak to the Vice President of the program in which you are receiving services.

## **OUR CONSUMER CARE PHILOSOPHY**

- ) Easterseals Crossroads values and expects a consumer's active involvement in services and follow through with established individual service plan goals.
- ) Easterseals Crossroads appreciates and supports consumer choice.
- ) Easterseals Crossroads will communicate with consumers in a way that assures optimal understanding of information provided.
- ) Easterseals Crossroads encourages and supports consumer participation in establishing therapy goals, in discussions about progress towards goals and involvement in establishing time frames for achieving goals.
- ) Easterseals Crossroads places great value on dignity and independence in our working relationships.
- ) Easterseals Crossroads does not tolerate language or behavior that can be construed as sexual harassment.
- ) Easterseals Crossroads requests that consumers make us aware of changes concerning pertinent personal, insurance coverage and medical information.
- ) Easterseals Crossroads places a high priority on safety in all practices concerning service delivery to consumers.
- ) Easterseals Crossroads will provide access or referral to legal entities for appropriate representation, as requested, or as deemed appropriate.
- ) Easterseals Crossroads will provide access or referral to self-help and advocacy support services, as requested, or as deemed appropriate.

## **CLINICAL SERVICES** **AT EASTERSEALS CROSSROADS**

Thank you for selecting Easterseals Crossroads as your service provider! The staff at Easterseals Crossroads is pleased to be working with you. Your needs are important to us and we look forward to learning more about how we can assist you in accomplishing your goals.

There is a possibility that you may work with several different staff members at Easterseals Crossroads, depending upon your needs and goals. The amount of time you spend in services with Easterseals Crossroads may vary. In all situations, your services will be individualized and you will be responsible for contributing to your service plans in partnership with your service provider. We are prepared to support you in every way possible.

## **CRITERIA FOR ADMISSION AND DISCHARGE**

### **Admission**

Easterseals Crossroads will admit consumers for rehabilitation services from a variety of referral sources. When a physician's referral is required by law or payer, it will be obtained prior to initiating services. In addition:

- ) Consumers must be medically stable and able to actively participate in therapy/program services.
- ) Consumers must meet additional admission criteria specific to the therapy/program services referred to such as minimum/maximum ages served and diagnoses served.
- ) Consumers admitted for First Steps Early Intervention services must be deemed eligible for services based on testing completed by the Indiana First Steps eligibility determination team.

### **Discharge/ Transition**

Discharge planning begins at the time of admission. Throughout treatment, discharge objectives guide the treatment plan. These objectives are established through the active involvement of the appropriate medical and/or other professionals and the consumer and family whenever possible.

The therapist will discharge a consumer in accordance with the established program discharge criteria outlined below:

- ) Consumer has reached his/her individual goals as outlined by the plan.
- ) Consumer has maximized potential in his/her therapy program.
- ) Consumer is medically and or behaviorally unstable to fully participate in activities toward goal completion.
- ) Consumer is in need of a different level of care such as inpatient therapy.
- ) Consumer desires or requires a type of therapy this agency currently does not provide.
- ) Consumer chooses to change service providers
- ) Consumer chooses to terminate services.

Under the following circumstances, a consumer may be discharged involuntarily:

- ) Consumer is exhibiting unacceptable behavior that is impeding his/her progress or compromising the safety of others.
- ) Consumer is determined to have poor attendance as defined by the ESC attendance policy. By definition, poor attendance limits a consumer's ability to achieve outcome goals in a reasonable and timely manner.
- ) Consumer is unable to attend therapy due to their own extreme illness or hospitalization or that of a caregiver.
- ) ESC Utilization Review Committee determines that services are no longer appropriate.
- ) Consumer relocates.

## **YOUR SERVICE COORDINATOR**

Consumers (adults and children and their families) participating in Clinical Services will have access to an on-site social worker to facilitate their services received through Easterseals Crossroads. Your direct service provider will function as your service coordinator and will be responsible for collaborating with you, your family (if appropriate), referral source and involved Easterseals Crossroads staff to create an individual plan and establish realistic goals that will contribute to your success.

Please communicate closely with your direct service provider about any issues that may affect your participation in your individualized service plans. Your direct service provider and the on-site social worker are available to assist you in solving problems concerning your individualized service plan, issues with a staff member, or any other concerns that may interfere with the achievement of your goals. In addition, your direct service provider and/or the on-site social worker are available to assist you in identifying additional needs and referring you to services outside of Easterseals Crossroads that will further assist you in reaching your goals and maximizing your potential. Your service provider can also provide information regarding your rehabilitation needs or answer any questions you have regarding the rehabilitation process.

### **Your Service Coordinator/Early Intervention**

Your First Steps Service Coordinator will serve as the contact for your family as you access the early intervention system. Your service coordinator is employed by the First Steps System Point of Entry, but will work in coordination with your Easterseals Crossroads team. Your service coordinator will review and discuss all pertinent information, concerns and issues with regard to your child's development with the multi-disciplinary team. He/She will gather all of the financial/cost participation and family insurance information as required by First Steps.

## **ADMISSION**

All consumers receiving services through Easterseals Crossroads will be admitted. The admission process includes: 1) providing requested medical, family, education and emergency information; 2) signing a consent for treatment, 2) signing appropriate release(s) of information form so that information can be exchanged with other involved agencies or physicians; 3) making payment arrangements for scheduled services.

## **PAYMENT FOR SERVICES**

Easterseals Crossroads provides services for fees based on an established fee schedule. Our accounts representative will assist you in identifying your medical coverage and estimating your financial responsibility for services provided. All

consumers are asked to assist Easterseals Crossroads in our billing process to assure payment is received for services covered by their insurance.

For those consumers who do not have medical coverage, whose medical coverage does not cover the service provided or whose medical coverage benefits have been exhausted, payment schedules may be arranged with our accounts representative. Fee adjustments may be made based on family income and number of family members. Our accounts representative can provide additional information to those who are interested.

### **Early Intervention/Payment for Services**

Your First Steps Service Coordinator will gather all of the financial/cost participation and family insurance information as required by First Steps. Please direct all payment for service questions/concerns to your First Steps service coordinator.

### **YOUR SCHEDULE**

Your schedule and service location (which may be in your home, at a child care center, at our facility or another community location) will depend upon the specific services in which you are participating, as well as your individual needs. Easterseals Crossroads – Main offers varied appointments Monday through Thursday from 8 a.m. to 6 p.m. and Friday from 8:00 a.m. to 4:00 p.m., except for holidays. Easterseals Crossroads – South offers varied appointments Monday through Thursday from 8 a.m. to 7 p.m. and Friday from 8:00 a.m. to 4:00 p.m., except for holidays. Easterseals Crossroads rarely closes for weather, but if we do, it will be announced on your local radio or television stations. Your commitment to your designated schedule will be expected. In order to provide the highest quality of care possible and in order for you to derive maximum benefits from your care, it is important that you keep all scheduled appointments. However, if you must miss a scheduled appointment, please call to cancel as far in advance as possible.

## **ATTENDANCE POLICY – Outpatient Medical / Autism and Behavioral Services**

Easterseals Crossroads is committed to providing quality therapy services. We want all consumers to make progress and meet therapy goals. Success will depend on your/your child's prompt and consistent attendance in therapy.

### **ATTENDANCE / APPOINTMENT EXPECTATIONS:**

1. Please plan for you/your child to attend all scheduled therapy appointments.
2. Please plan for you/your child to arrive on time and ready to start therapy at the scheduled time.
3. If you/your child arrive late, please understand that your/your child's appointment will end at its scheduled time, since in most instances, there is another consumer scheduled following your appointment. If you/your child arrive more than 15 minutes late, it may be necessary to cancel your/your child's appointment and reschedule, if possible.
4. If you know in advance that you/your child will be unable to attend a scheduled appointment (e.g. family vacation, dental / doctor appointment, etc.), please let your therapist or Admissions staff know as soon as possible so your/your child's appointment can be rescheduled, if possible.
5. Your/your child's therapy session will include time to discuss the therapy program and for the therapist to complete documentation.
6. Active participation in your child's treatment is encouraged. There may be times; however, when your child's program is enhanced by you not being present inside the treatment room. We still encourage you to observe so our staff will make every effort to allow you to observe from the most private location possible.
7. **It is our expectation that a parent or adult caregiver will remain at Easterseals Crossroads during any child's scheduled therapy appointment. However, if a situation arises requiring you to leave the agency while your child is receiving services, please notify your child's therapist or the Admissions Specialist before you leave the building. Please confirm that we have your current working cell phone number prior to leaving and please return at least 10 minutes prior to the scheduled session ending time.**
8. We take your child's privacy and safety very seriously. If a caregiver who does not have legal custody will be bringing your child to therapy or picking them up from therapy, please notify us and understand that we will require a signed consent/release of information from you in order to share information regarding your child's therapy session with this caregiver or to release your child to the caregiver. We will ask for photo identification if we don't recognize the person.

9. For Children's Therapy Services (outpatient): Progress Reports will be completed periodically to document your child's progress towards his/her goals and update their plan of care. Your therapist will involve you in establishing functional goals that reflect your family's current concerns. Your therapist will review these goals and other important information in a Family Staffing Note at the time of the Progress Report and have you sign it. This report is sent to your referring doctor for signature and we will provide a copy for your records.

## **CANCELLATIONS and NO SHOW APPOINTMENTS**

1. If you must cancel an appointment for any reason, please call us as soon as possible.

Outpatient North/Main	317.479.3246
Outpatient South/Thompson Road	317.782.8888
Augmentative Communication	317.479.3246
Autism/Behavior Services	317.466.2010

It is your responsibility to cancel in advance **ALL** appointments that you/your child will be missing.

2. If you do not come to a scheduled appointment and you do not call ahead to cancel, this is considered a **No Show appointment**.
3. After a second No Show appointment your child's appointments will be removed from the schedule. **It is your responsibility to call us and reschedule after a second No Show appointment. Please do not assume that you have a next appointment.** If we do not hear from you within 10 business days, we will assume that you/your child will not be returning for services, which will result in a discharge from Easterseals Crossroads therapy services.
4. **If 2 of the last 5 of your/your child's scheduled appointments have been Cancelled or No Show appointments then future appointments will need to be scheduled one at a time until you/your child is able to attend 4 scheduled sessions in a row. At that time we can again reserve a regular time for you/your child in the therapist's schedule. However, your therapist may need to offer you/ your child a different time depending on their availability.**
5. If your child has not been seen for a scheduled appointment in 4 weeks then they will be discharged from that service and you and the referring doctor will be notified by letter of the discharge due to attendance.

## **ILLNESS**

If you/your child is able to participate in therapy and has been free from fever, vomiting or diarrhea for 24 hours and is not contagious, please plan to keep your/your child's scheduled appointment. *Any person (parents, siblings, caregivers, etc.) who is experiencing a fever, vomiting, diarrhea or contagious condition should not accompany a consumer to an appointment in order to protect the health of other consumers and staff.*

**LATE ARRIVALS**

If you/your child arrive 15 minutes or more after your scheduled therapy time, it may be necessary to reschedule your appointment, if possible.

**HOSPITALIZATION**

If you/your child is hospitalized we recognize that it can be a busy and stressful time. Please notify us as soon as possible as it is necessary for Easterseals Crossroads staff to have a copy of the discharge summary or release to return to therapy signed by the doctor BEFORE you/your child can return to services. Please assist your/your child's therapy provider(s) in obtaining this release. Appointments missed due to hospitalizations will be resumed when you are/your child is able to return for services and we have the appropriate paperwork.

## **ATTENDANCE POLICY – Early Intervention/Indiana First Steps**

It is important for children to receive their Early Intervention services regularly, but not on days when they are sick.

When **NOT** to have therapists come to your home:

- when child has a temperature of 100 degrees or more in last 12 hours
- when child has diarrhea in last 12 hours
- when child has vomited in last 12 hours

Please consult your child's physician if these symptoms persist.

### **ABSENCES:**

**Families MUST call the therapist directly to cancel an appointment. If unable to contact your provider directly, please call our Early Intervention Admissions Department at **317-466-2006** for assistance.**

**Advance notice of 24 hours is kindly appreciated.**

**Two missed appointments** will result in families receiving a contact from their Service Coordinator, informing them that failure to contact the therapy provider may result in loss of that therapy time and a new appointment time may need to be rescheduled.

**Three consecutive missed appointments** will result in the family receiving a letter from their Service Coordinator indicating that that particular service will be terminated in 14 days if the family fails to contact the therapy provider or keep the next scheduled appointment. If we do not hear from your family in 30 days, your child will be discharged from the service with poor attendance. The referring physician will be notified of the discharge.

### **HOSPITALIZATION:**

If your child is hospitalized, it is necessary for Easterseals Crossroads staff to have a copy of the signed discharge summary or hospital release **BEFORE** your child can return to services. Please assist your service coordinator in obtaining this release.

## **WHAT TO EXPECT WHILE YOU ARE AT EASTERSEALS CROSSROADS**

Easterseals Crossroads is a completely accessible facility. We will explore ways to arrange any needed accommodations required to maximize your performance. You will find restrooms and a drinking fountain on each floor directly opposite the elevators at Easterseals Crossroads – Main. A restroom and drinking fountain is available in the main corridor at Easterseals Crossroads – South. We ask that you use caution with your valuables, as you would in any public facility. No specific secure location is available to store personal belongings.

The 19C Castleton bus provides transportation service to Easterseals Crossroads -- Main throughout the day. A bus shelter is adjacent to our facility. Accessible parking is available, as well. The 26 Emerson/Thompson bus provides the closest bus service to Easterseals Crossroads – South. Accessible parking is available, as well.

Vending machines are located on the first floor near the north entrance to the Easterseals Crossroads Main building. No vending machines are available at the Easterseals Crossroads South location.

No alcoholic beverages, recreational drugs or harmful substances are allowed on Easterseals Crossroads' property. Violation of this policy could result in discontinuation of services. No weapons are allowed on Easterseals Crossroads' property by anyone at any time. Likewise, any behaviors that are perceived as threatening to others will not be tolerated.

Be aware that fire and other safety drills will occur periodically. Easterseals Crossroads' staff will guide you through the proper procedures.

### **TOBACCO FREE WORKPLACE**

Easterseals Crossroads is committed to providing a safe and healthy environment for all who enter our building. Even though tobacco use is a choice some people make, Easterseals Crossroads discourages the use of any tobacco product.

Easterseals Crossroads prohibits the use of any tobacco product on or in all Easterseals Crossroads property, buildings, and vehicles for employees, consumers, volunteers, and visitors. Violation of this policy could result in discontinuation of services.

This policy is inclusive of those who use chewing tobacco and/or electronic cigarettes. At no time is the use of these products permitted on or in property, buildings or in company vehicles. Further, the use of these products in a personal vehicle while parked on Easterseals Crossroads property is prohibited.

Please be respectful of our neighboring businesses and do not stand on their property to use tobacco, as many of them have similar policies.

## **CONFIDENTIALITY OF INFORMATION**

Easterseals Crossroads adheres to specific policies regarding confidentiality of consumer records. We will not honor any requests for information about you from outside individuals or organizations (excluding your referral source) unless you provide written permission to do so. Consumers have the right to review their own records. Requests to do so must be made in writing. Easterseals Crossroads will not solicit information about you without your written permission to do so. Even with written consent, Easterseals Crossroads will only release documents prepared by our staff. We reserve the right to break confidentiality in the event of emergency circumstances.

## **DIVERSITY STATEMENT**

Easterseals Crossroads recognizes the individual differences of each of our employees, consumers, and strategic business partners. Easterseals Crossroads supports, embraces, and encourages diversity in culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language. Easterseals Crossroads empowers different and diverse cultural ideas, perspectives, and knowledge to strengthen and further our mission. Easterseals Crossroads believes in Equal Opportunity Employment and practices this philosophy in the daily operations of the business.

## **STATEMENT OF SUPPORT REGARDING ADVANCE DIRECTIVES**

Easterseals Crossroads respects the basic right of all individuals to make an informed decision about their medical care. Therefore, Easterseals Crossroads respects consumer wishes and their choices for medical treatment.

If the consumer does have written instructions regarding their healthcare and Easterseals Crossroads is aware the document(s) exists, and the consumer agrees, Easterseals Crossroads will keep a copy of the document(s) in their consumer record. In all medical emergency situations, Easterseals Crossroads staff is instructed to call 911 to activate the local area emergency medical response team. The local EMS will be provided with any information we may have regarding that consumer's written advance directives.

## **IF YOU ENCOUNTER A PROBLEM**

### **Consumer Grievance Policy and Procedures**

It is the obligation of each staff member to provide fair and appropriate services and to include you in planning and decision making. You have the right to appeal decisions and/or treatment which you feel is not fair or appropriate. If you choose to file a grievance, you are assured that no adverse repercussions will occur to you in any future interactions with Easterseals Crossroads.

If you have a problem concerning your service plan or with a staff member, we encourage you to utilize the following grievance procedure:

- Step #1 Talk to your direct service provider. Together make every attempt to correct any miscommunications and to solve the problem.
- Step #2 If you still have the problem after talking to your direct service provider, ask the direct service provider to make an appointment for the two of you to meet with the direct service provider's supervisor. The three of you should make every effort to solve the problem.
- Step #3 If, after this meeting, you continue to have the problem, ask your direct service provider to arrange a meeting as soon as possible with representatives of the Division Management Team. They will develop a solution that best addresses the issues involved.
- Step #4 If you remain dissatisfied with the solution provided, you have the right to request a formal review of your situation by the Utilization Review Committee (UR). With the exception of emergency situations, meetings of the UR committee may take up to 15 business days to arrange as they may include external professionals/consultants.
- Step #5 If you still remain dissatisfied with the solution provided, you have the right to engage an external resource such as Indiana Protection & Advocacy.

Other rights & considerations:

- ) You have the right to ask any advocate of your choice to attend any meeting with you. Meetings to discuss your grievance will be scheduled within 3 business days of your request and held within 10 business days with the exception of a meeting involving the Utilization Review Committee, which may take up to 15 business days.
- ) At any time, you may seek the involvement of the President/CEO of Easterseals Crossroads and/or the Chairperson of the Board of Directors. You may contact these officials through the Executive Office at ESC.

) Once grievance resolution has been reached, the written resolution will be provided to you.

NOTE: For consumers/families receiving Early Intervention services, please see Notice of Parent/Guardian Rights in the Handbook for information.

## **HEALTH AND SAFETY**

Health and Safety is a priority at Easterseals Crossroads. It is recognized that consumers, visitors, staff members, and volunteers are entitled to a safe and healthy environment while at Easterseals Crossroads. The Health and Safety Committee is responsible for maintaining an on-going safety compliance program, thus ensuring that safety standards are maintained, safety rules and regulations are complied with, and that staff, consumers and volunteers receive and have the opportunity to participate in safety training. Easterseals Crossroads expects all staff, consumers and volunteers to comply with and commit to the standards set forth by the Health and Safety Committee.

Emergency evacuation routes and safe areas are posted throughout the building.

**Fire Emergency** – If you discover a fire, pull a fire alarm and inform a staff member. Upon hearing the alarm, exit the building using the closest exit. At the Main Campus you should take the stairs – never use the elevator in a fire emergency. Follow the directions of the staff members to ensure your safety. An announcement will be made when it is safe to reenter the building.

**Tornado Emergency** – If an announcement is made regarding severe weather, move quickly and quietly to the designated safe areas as indicated in the posted evacuation plans. All staff, consumers, and their family members should assume the safety position (on the floor with your back against a wall, your knees pulled toward your body, and your hands and arms covering the back of your neck and head). An announcement will be made when the severe weather has passed.

**Injuries** – ALL injuries that occur on Easterseals Crossroads' property or while receiving Easterseals Crossroads services must be reported to a staff person.

## **CRISIS BEHAVIOR MANAGEMENT POLICY**

Easterseals Crossroads (EC) seeks to maintain a safe environment for all staff, visitors, consumers and their family members consistent with the behavioral, mental health and cognitive needs of the consumer served. There may be times when a consumer exhibits extreme behaviors (e.g. severe aggression, self-injury, destruction of property or other violent acts) that put themselves and others at risk for injury. A reasonable attempt will be made to de-escalate the person exhibiting extreme behaviors. If an individual's behavior continues to escalate to a point that threatens their safety or the safety of others, a minimal amount of physical restraint may be necessary to ensure everyone's safety. A physical restraint may only be performed by an EC staff member trained in such procedures. A physical restraint is defined as any direct physical contact by another person or persons that restrict the consumer's ability to move freely. Easterseals Crossroads will not administer medication or utilize restraint devices (e.g. posey vest, lap belts) that are designed solely to control aggressive behavior. Easterseals Crossroads will not place individuals in prone (face down) restraint positions under any circumstance.

## **NOTICE OF PARENT/GUARDIAN RIGHTS**

### **For parents/guardians of children who are receiving Early Intervention/Indiana First Steps Services**

Easterseals Crossroads is a First Steps provider of early intervention services, and as such willingly complies with the parent rights provisions outlined in the Federal Law: Individuals with Disabilities Education Act and its amendments.

These rights describe the procedures the service provider is to follow and the steps you can take to assure your rights are guaranteed. You have the right to a full explanation of these rights and procedures before any evaluation or placement decisions are made or actions taken.

#### **1. FAMILIES HAVE THE RIGHT TO AN EVALUATION.**

The law provides that all eligible children will receive early intervention services without regard to race, culture, religion, disability, or ability to pay. Eligibility is decided by an evaluation of the child (within 45 days of referral, unless the family requests more time). The evaluation must be done by a multi-disciplinary team of two or more qualified professionals who examine the child's medical history, development, and current abilities. If the child is eligible for services, the child and family also have the right to ongoing assessments of the child's strengths, skill levels, progress, and needs.

#### **2. ELIGIBLE FAMILIES HAVE THE RIGHT TO A COORDINATED PLAN.**

Also within 45 days, each eligible child and family should have a written Individualized Family Service Plan (IFSP) for providing early intervention services that includes the family's resources, priorities, and concerns for their child. The IFSP is written for a year and is reviewed every six months. It includes the major outcomes for the child and family; how progress will be measured; what and where services will be provided; when they will begin and for how long; methods of payment; and transition upon the child's third birthday.

#### **3. FAMILIES HAVE THE RIGHT TO CONSENT.**

Consent or permission must be obtained in writing before conducting an evaluation, assessment, or beginning or ending any early intervention services. Parents can choose to not give consent for a particular service without jeopardizing any other services, and they may refuse a service at any time, even after accepting it, without affecting other intervention services.

#### **4. FAMILIES HAVE THE RIGHT TO PRIOR NOTICE.**

Parents must receive written notice before any changes in early intervention services are started. This notice, which must also inform parents of their rights, must give details of the decision and any reasons for the action. The notice must be in plain language and easily understood by the parents. Parents must indicate that they have received and understand this prior written notice.

#### **5. FAMILIES HAVE THE RIGHT TO PRIVACY.**

The law provides for your protection at all times. Any information that personally identifies you, your child, or your family cannot be shared with any other agency without first receiving your permission. If the early intervention service providers feel it would be beneficial to share information, they must contact you, explain the situation, and ask for your written permission. You don't have to give your permission, and refusing will not affect your services.

#### **6. FAMILIES HAVE THE RIGHT TO REVIEW RECORDS.**

Parents may inspect, review, and amend records relating to their child and family. They may request a copy of any records, though the agency may charge a fee to cover the cost of duplication. Only persons with the parents' written permission can inspect records, and agencies must keep a record of anyone who looks at your child's file. If the parents ask that records be amended and the agency disagrees, the parents can request a hearing to challenge the information contained in the file.

#### **7. FAMILIES HAVE THE RIGHT TO PARTICIPATE.**

Parents are important members of their child's early intervention team. So important, in fact, that no meeting where the IFSP for their child is developed, reviewed, or revised can be conducted without a parent present.

#### **8. FAMILIES HAVE THE RIGHT TO UNDERSTAND.**

The First Steps Early Intervention System does not discriminate on the basis of race, culture, religion, or disability, so all families have the right to receive early intervention information in a manner they can understand. Notices must be written in a way that is understandable to the general public. If English is not the primary language of the family, that family has the right to receive information in their primary language, unless it is clearly impossible to do so. If a family uses another method of communication, such as sign language or Braille, then they have the right to receive information that way.

#### **9. FAMILIES HAVE THE RIGHT TO AN ADVOCATE.**

Sometimes, parents find that an IFSP meeting or assessment conference can be stressful or confusing. Parents have the right to bring a friend or advocate along.

Parents may also wish to include other service providers who work with their child (i.e., a caregiver or another family member). And, should the parent request mediation or a due process hearing, he or she must be informed of any free or low-cost legal or related service available.

## **10. FAMILIES HAVE THE RIGHT TO DISAGREE.**

You have the right to file a complaint and have it resolved. If parents and the early intervention services providers disagree, the law provides for a timely resolution with three methods: file a complaint; request mediation at no cost to participants, or request an impartial due process hearing. While the disagreement is being resolved, the child must continue to receive early intervention services unless the parents and service providers agree otherwise. (For more information about mediation or due process hearings, families can request information by calling (800) 441 -STEP.)

To find out more about your rights, you can always talk to these persons: the person providing service, your service coordinator, your county First Steps coordinator, or the Indiana Bureau of Child Development.

## **Consumer's Bill of Rights**

**As a consumer of Easterseals Crossroads (ESC) you have the right to:**

1. Considerate and respectful care in a clean safe environment free of unnecessary restraints and obstacles.
2. Receive services from highly qualified staff who will exhibit professionalism at all times.
3. Participate in programs and services without fear of physical, sexual or psychological abuse, including physical punishment, retaliation and neglect, or humiliating, threatening and exploiting actions.
4. Receive services without discrimination as to race, religion, sex, national origin, disability, sexual orientation, source of payment or age.
5. Know, by name, position and function of any person involved in your care and/or treatment.
6. Receive all the information you need to give informed consent and make needed decisions about your program and services. You have the right and responsibility to fully participate in all decisions related to your program.
7. Refuse treatment and be told what effect this may have on your health and well-being.
8. Privacy. You will be advised as to the presence of any individual in the treatment session such as a visitor, volunteer or student. You may refuse inclusion of these individuals in the treatment session.
9. Expect that all communications and records pertaining to your care will be treated as confidential. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with your care.
10. Expect that, within its capacity, ESC will respond to any reasonable requests made for service.

## **Consumer's Bill of Rights**

**As a consumer of Easterseals Crossroads (ESC) you have the right to:**

11. Be advised if ESC is engaged in any research affecting your care or treatment.  
You have the right to refuse to participate in such research projects.
12. To examine and receive an explanation of your bills, regardless of the source of payment.
13. Review and understand the records which are created as a part of your services.  
You have the right to know how we use and disclose this information to others.
14. Be informed about measures we will take in emergency situations and our Crisis Behavior Management Policy.
15. You have the right to file a complaint if you feel you have been treated unfairly by ESC staff. You also have the right to expect a fair and efficient process for resolving differences.

## HOW TO CONTACT US

Easterseals Crossroads Main Switchboard @ 52<sup>nd</sup> & Keystone (317) 466-1000  
Easterseals Crossroads – Main FAX (317) 466-2000  
Question about Insurance/Your Bill (317) 466-1000 x2418

### Scheduling/Canceling Appointments at Easterseals Crossroads – Main

Children’s Therapy Services (317) 479-3246  
Augmentative Communication Services (317) 479-3246  
Early Intervention Services / First Steps (317) 466-2006  
Autism: Diagnostic / Behavioral Treatment Services (317) 466-2010  
Parents’ Night Out (317) 466-1000 x2504

Driver Evaluation & Training Services (317) 479-3247  
Home Modification Services (317) 479-3247

### Scheduling/Canceling Appointments at Easterseals Crossroads – South

Children’s Therapy Services (317) 782-8888  
Augmentative Communication Services (317) 479-3246  
Easterseals Crossroads – South FAX (317) 788-4640

## IMPORTANT NAMES AND PHONE NUMBERS

YOUR DIRECT SERVICE PROVIDER \_\_\_\_\_

Phone Number \_\_\_\_\_

YOUR DIRECT SERVICE PROVIDER \_\_\_\_\_

Phone Number \_\_\_\_\_

YOUR DIRECT SERVICE PROVIDER \_\_\_\_\_

Phone Number \_\_\_\_\_

Name: Meghan Hutson, BSW \_\_\_\_\_

Title: Medical Social Worker \_\_\_\_\_ Phone Number: 466-1000 x 2532

Name: Sara Inman \_\_\_\_\_

Title: Financial Accounting Manager \_\_\_\_\_ Phone Number: 466-1000 x 2418



taking on disability together

## Acknowledgement of Receipt of Notice of Privacy Practices

I have been offered, read or received a copy of Easterseals Crossroads Notice of Privacy Practices. I understand and am aware of the health information being released about me and further understand my rights regarding my health information. I further understand that if I have additional questions or concern I may contact:

**Angie Danner, Privacy Officer**

**Phone: 317.466.1000 x2463**

\_\_\_\_\_  
(Print) Name of Consumer

\_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

### Refusal to Sign

Consumer has refused to sign this acknowledgement; reason given was:

\_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Date

**Main** . 4740 Kingsway Drive . Indianapolis, IN 46205 . p/ 317.466.1000  
**South** . 3215 East Thompson Road . Indianapolis, IN 46227 . p/ 317.782.8888  
**Industrial Services** . 8302 East 33<sup>rd</sup> Street . Indianapolis, IN 46226 . p/ 317.897.7320  
[eastersealscrossroads.org](http://eastersealscrossroads.org) . [crossroadsindustrialservices.org](http://crossroadsindustrialservices.org)



**EASTERSEALS CROSSROADS CONSENT – TIME OF ADMISSION**

**Consumer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ASSIGNMENT OF BENEFITS**

(Initial)

In consideration of those services rendered by Easterseals Crossroads (ESC), I hereby assign and transfer, to Easterseals Crossroads all my rights, title and interest to therapy reimbursement for the present medical condition.

I understand that ESC, as a courtesy to me, has verified that my insurance coverage includes these services; however, I further understand that this is not a guarantee of payment for services by the insurance company. Insurance payment is subject to conditions of your specific policy. I understand and accept full responsibility for payment of services provided to me/my child by ESC if my insurance or other third party payer does not reimburse for services provided. Finally, I agree to cooperate with ESC to do what is necessary to obtain payment from any and all payers.

I certify that information I have given is correct to the best of my knowledge, and I agree to advise ESC of any changes in my insurance status or primary/referring physician during the course of my treatment.

**MEDICAL EMERGENCY CARE**

(Initial)

I give permission to ESC to obtain emergency treatment in the event I or my dependent experience(s) illness or accident.

**RECEIPT OF CONSUMER HANDBOOK AND RIGHTS**

(Initial)

My signature on this document confirms that I have received the Clinical Services Handbook, which includes information about my rights and/or the rights of my child or the child of whom I am a guardian, while working with staff from ESC. I understand that my/our service coordinator is always willing to answer any future questions I have about my/our rights or the services being received from ESC.

**ELECTRONIC COMMUNICATION**

(Initial)

I give permission for ESC to use my email: \_\_\_\_\_ in the following way(s):

\_\_\_ Appointment reminders, Account Status, General Communication

\_\_\_ ESC Newsletters, Notice of Special Events, Agency Communication

**DOCUMENTATION OF CARE**

(Initial)

I understand that photographs, videotapes, digital and/or other images may be recorded to document my/my child's care, and I consent to this. I understand that ESC will retain the ownership rights to these images but that I will be allowed access to view them or obtain copies. I understand that these images will be stored in a secured manner that will protect my privacy and that they will be kept for the time period required by law. Beyond the documentation of care, written authorization from me will be required for ESC to use images that identify me/my child.

**CONSENT FOR TREATMENT**

(Initial)

I hereby permit and authorize Easterseals Crossroads and its personnel/students supervised by personnel, to observe evaluations and treatment provided and/or to administer such tests and procedures and to provide such care and therapy as may be deemed necessary in the evaluation and treatment. I understand this consent remains in effect through the time of discharge unless I revoke it in writing.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
ESC Staff Member/Witness

\_\_\_\_\_  
Date