



Client Rights

Purpose

The rights and dignity of clients are respected throughout the organization.

Introduction

COA Accreditation's Client Rights (CR) standards are founded on the principle that organizational and program practices should reflect a profound respect for personal dignity, confidentiality, and privacy. In addition to addressing legally protected client rights, the standards in this section also center on the professional ethics of service delivery. This section promotes privacy, transparency, and mutual respect.

Interpretation: *COA Accreditation recognizes that mandated clients and individuals receiving Adult Guardianship (AG) services may have a reduced level of rights. In addition, information provided to individuals who have been deemed incapacitated by the court, court order, and state law may vary based on an individual's assessed capacity to understand such information. Individuals should retain as much personal responsibility and self-determination as possible given their assessed capacity and individual rights may not be abridged unless superseded by legal mandate or court order.*

Note: Please see the [CR Reference List](#) for the research that informed that development of these standards.

Note: For information about changes made in the 2020 edition, please see the [CR Crosswalk](#).

Table of Evidence

Self Study Evidence

No Self Study Evidence

Client Rights

CR 1: Client Rights and Responsibilities

Purpose

The rights and dignity of clients are respected throughout the organization.

The organization protects the legal and ethical rights of persons served by:

- informing people of their rights and responsibilities;
- providing ethical and equitable treatment; and
- providing people with sufficient information to make an informed choice about using the organization and its services.

Rating Indicators:

- The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the CR 1 Practice standards.
- Practices are basically sound but there is room for improvement as noted in the ratings for the CR 1 Practice standards.
- Practice requires significant improvement as noted in the ratings for the CR 1 Practice standard.
- Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the CR 1 Practice standards.

Table of Evidence

Self Study Evidence

*	• Client rights policy	
*	• Client rights procedures	
*	• Grievance procedures	
*	• Policy for providing services to minors without the consent of the parent or legal guardian	
*	• Fee schedule	

Site Visit Evidence

*	• Rights and responsibilities document provided to individuals and families at initial contact • Grievance reports for the past six months
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On-Site Activities

*	• Interviews may include:
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1. Relevant personnel
2. Persons served

- Review case records
- Observe facility

CR 1.01 (FP)

All persons served receive, and are helped to understand, information about their rights and responsibilities that is:

- a. provided in writing;
- b. distributed during their initial contact;
- c. available in the major languages of the defined service population;
- d. effectively and appropriately communicated to persons with special needs; and
- e. posted in the reception or common area of each service delivery site or residential facility.

Interpretation: *If an organization provides services remotely using technology, client rights and responsibilities should be made available on the organization's public website and the organization must implement a system for assuring and documenting that clients receive and understand their rights and responsibilities.*

Interpretation: *If a client is disoriented, suffering from impaired cognition, or in immediate crisis at initial contact, the summary of client rights and responsibilities should be provided at an appropriate time.*

EAP Interpretation: *Affiliates who deliver services on behalf of an EAP are not required to post client rights and responsibilities in the reception area of their service delivery location, but information regarding client rights must be made available upon service initiation.*

Network Interpretation: *When the scope of a network's services includes service authorization and placement decisions, the client's right to appeal placement and authorization decisions are outlined in written network client rights and responsibilities material available to clients, and in the provider manual or other document outlining network operational procedures.*

Note: Please see the [Case Record Checklist](#) and [Facility Observation Checklist](#) for additional guidance on this standard.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,

- Information about rights is routinely provided; however, one of the required elements is not fully addressed; or
- All sites have postings but some of the postings could be larger or in a better location to increase client awareness of information and/or for easier reading.

3 Practice requires significant improvement; e.g.,

- Two of the required elements are not fully addressed; or
- One of the elements is not addressed at all; or
- Information is not consistently provided at the initiation of services, but is provided upon request; or
- At least one program does not provide client rights information; or
- Not all reception sites or site locations have postings; or
- Rights posters are missing important information; or
- Rights posted on websites for services delivered remotely, using technology, are missing information.

4 The organization does not provide persons served with written rights and responsibilities.

CR 1.02 (FP)

Written rights and responsibilities include, but are not limited to:

- a. basic expectations for use of the organization's services including the responsibility to provide information needed to receive services;
- b. hours in which services are available;

- c. rules, behavioral expectations, and other factors that could result in discharge or termination;
- d. the right of the person served to receive service in a manner that is non-coercive and that protects the person's right to self-determination;
- e. the right of the person served, families, and/or legal guardians to participate in decisions regarding the services provided; and
- f. basic information about how to lodge complaints, grievances, or appeals.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • One of the required elements is not fully addressed. |
| 3 | Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • Two of the required elements are not fully addressed; or • One of the elements is not addressed at all. |
| 4 | The organization does not provide persons served with written rights and responsibilities. |

CR 1.03 ^(FP)

People have the right to ethical and equitable treatment including:

- a. the right to receive services in a non-discriminatory manner;
- b. the consistent enforcement of program rules and expectations; and
- c. the right to receive inclusive services that are respectful of, and responsive to, cultural and linguistic diversity.

Related Standards: TS 2.04

Examples: *Fair and equitable treatment may include the provision of effective, equitable, understandable, and respectful services that are responsive to: diverse cultural beliefs and practices, such as the freedom to express and practice religious and spiritual beliefs; preferred languages; and other communication needs.*

Other categories that should be protected from discrimination and disrespect include, but are not limited to: race and ethnicity, military status, age, sexual orientation, gender identity, and developmental level.

One way organizations can be responsive to the unique, culturally-defined needs of persons and families being served is by ensuring that program information, signs, posters, printed material, electronic and multimedia communications, and trainings are available and presented:

- 1. *in the language(s) of the major population groups served; and*
- 2. *in a manner that is non-discriminatory and non-stigmatizing.*

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • One of the elements is not fully addressed. |
| 3 | Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • Two elements are not fully addressed; or • One element is not addressed at all. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

CR 1.04 (FP)

Individuals provide consent prior to receiving services and have the right to:

- a. participate in all service decisions;
- b. be informed of the benefits, risks, side effects, and alternatives to planned services;
- c. be offered the most appropriate and least restrictive or intrusive service alternative to meet their needs;
- d. receive service in a manner that is free from harassment or coercion and that protects the person's right to self-determination;
- e. refuse any service, treatment, modality, or medication, unless mandated by law or court order;
- f. be informed about the consequences of such refusal, which can include discharge; and
- g. review and revoke their consent at any time.

Related Standards: PRG 4.03, RPM 8.03

Note: Please see the [Case Record Checklist](#) for additional guidance on this standard.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,

- One of the elements is not fully addressed; or
- In a few instances evidence of consent was not found.

3 Practice requires significant improvement; e.g.,

- Two of the elements are not fully addressed; or
- One element is not addressed at all; or
- In many instances, evidence of consent was not found.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

CR 1.05 (FP)

The organization maintains a formal mechanism through which applicants, clients, and other stakeholders can express and resolve grievances, including denial of service, which includes:

- a. the right to file a grievance without interference or retaliation;
- b. timely written notification of the resolution and an explanation of any further appeal rights or recourse; and
- c. at least one level of review that does not involve the person about whom the complaint has been made or the person who reached the decision under review.

Related Standards: RPM 2.01, RPM 8.03, RPM 8.05

AG Interpretation: Organizations providing Adult Guardianship should ensure that an advocate is appointed to assist the individual in navigating the grievance process.

Network Interpretation: Grievance procedures for persons served by the network include provisions for filing and appealing grievances related to the network management entity, owner and provider organizations, and independent practitioners.

For networks, appeals or denials of service authorizations are addressed in Utilization Management standards NET 7.08 and NET 7.09. An appeal of a denial of service authorization is, in effect, a request for a second opinion, and as such, does not imply that a person's rights were denied. However, if the appeal is denied, the person making the appeal might file a complaint or grievance if they believe the network's procedures or criteria for placement were not followed. For example, if the appeal was not addressed within the network's time requirements, or if the person believes that the criteria were misapplied, then the person may resort to the complaint or grievance process.

Rating Indicators:

- | | |
|----------|--|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g.,
<ul style="list-style-type: none"> • Procedure or documentation related to one of the elements needs strengthening. |
| 3 | Practice requires significant improvement; e.g.,
<ul style="list-style-type: none"> • Procedure or documentation related to two of the elements needs strengthening. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

CR 1.06 (FP)

The organization states in writing circumstances under which it will serve minors without consent from a parent or legal guardian, and provides this information upon request.

NA: The organization does not serve minors without consent from a parent or legal guardian.

Rating Indicators:

- | | |
|----------|--|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g.,
<ul style="list-style-type: none"> • The standard is met in practice, but the policy needs minor clarification; or • In a few instances the information was not provided; or • In a few instances there was no documentation that clients were informed. |
| 3 | Practice requires significant improvement; e.g.,
<ul style="list-style-type: none"> • The policy is clearly inadequate, or is not well-understood by staff; or • In a significant number of cases the information was not provided; or • In a significant number of cases there was no documentation that clients were informed. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

CR 1.07

Clients receive a schedule of any applicable fees and estimated or actual expenses, and are informed prior to service delivery about:

- a. the amount that will be charged;
- b. when fees or co-payments are charged, changed, refunded, waived, or reduced;
- c. the manner and timing of payment; and
- d. the consequences of nonpayment.

NA: The organization does not charge the client any fees, co-payments, or other forms of payment in exchange for services.

Note: Please see the [Case Record Checklist](#) for additional guidance on this standard.

Rating Indicators:

- | | |
|----------|--|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g.,
<ul style="list-style-type: none"> • There have been a few instances when the information was not provided at the initiation of services; or • One of the elements is not fully addressed. |
| 3 | Practice requires significant improvement; e.g., |

- Information is not consistently provided at the initiation of services but is available upon request; or
- Two of the elements are not fully addressed; or
- One of the elements is not addressed at all.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

Client Rights

CR 2: Confidentiality and Privacy Protections

Purpose

The rights and dignity of clients are respected throughout the organization.

The organization protects the confidentiality of information about clients and assumes a protective role regarding the disclosure of confidential information.

Related Standards: PRG 2.01, RPM 1, RPM 4.04, RPM 5, RPM 8.03, TS 2.01

Interpretation: *All confidentiality policies and procedures apply to the use of artificial intelligence (AI) when organizations are using those technologies.*

Rating Indicators:

1 The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the CR 2 Practice standards.

2 Practices are basically sound but there is room for improvement as noted in the ratings for the CR 2 Practice standards.

3 Practice requires significant improvement as noted in the ratings for the CR 2 Practice standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the CR 2 Practice standards.

Table of Evidence

Self Study Evidence

*	• Confidentiality policy	
*	• Confidentiality procedures	
*	• Sample release form for disclosure of confidential information	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	- Interviews may include: - Program director - Relevant personnel - Persons served - Review case records
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CR 2.01 ^(FP)

When the organization receives a request for confidential information about a client, or when the release of confidential information is necessary for the provision of services, prior to releasing such information, the organization:

- a. determines if the reason to release information is valid;
- b. obtains informed, written authorization to release the information from the client and/or parent or legal guardian, as appropriate; and
- c. maintains each authorization of consent in the case record and provides a copy to the client and/or parent or legal guardian.

Note: Please see the [Case Record Checklist](#) for additional guidance on this standard.

Rating Indicators:

- | | |
|----------|--|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none">• Written, informed consent is always obtained prior to releasing information, and there have been no instances where confidential information was inappropriately released, but procedures could be strengthened or clarified. |
| 3 | Practice requires significant improvement; e.g., <ul style="list-style-type: none">• In a few rare instances information was inappropriately released or informed consent not obtained; or• In a significant number of cases the information was not provided or there is no documentation that clients were offered a copy. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

CR 2.02 (FP)

Prior to the disclosure of confidential or private information, the organization informs the client about circumstances when it may be legally or ethically permitted or required to release such information without his or her consent, and notifies the client of such a release when it occurs.

Examples: *When permitted or required by law, regulation, or court order, confidential information may be released without the authorization of the client and legal guardian. The organization may wish to seek legal counsel, as necessary, when others seek identifying information about an individual or family, or when the release of confidential information is necessary for the provision of services.*

Rating Indicators:

- | | |
|----------|--|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none">• There are a few instances where clients were not fully informed of the legal or ethical circumstances when confidential or private information may be released without consent, but corrective action was immediately implemented prior to the actual release of the private information. |
| 3 | Practice requires significant improvement; e.g., <ul style="list-style-type: none">• Written procedures do not provide sufficient guidance to personnel to reconcile when the organization may be legally or ethically permitted or required to release confidential or private information without prior notification of client.• There are instances where staff have released confidential or private information inappropriately. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all or the organization is facing legal action because of inappropriate release of information. |

CR 2.03 (FP)

The organization obtains informed, written consent from the individual or a legal guardian prior to recording, photographing, or filming, or the organization has a clear policy prohibiting recording, photographing, or filming.

Interpretation: Organizations providing Early Childhood Education (ECE) or Out-of-School Time Services (OST) do not need to obtain consent each time children or youth may be recorded, photographed, or filmed; consent may be provided at enrollment and maintained in program records or files. Consents should be reviewed and updated annually.

Interpretation: Organizations providing crisis call services that record phone calls for quality assurance purposes may obtain informed consent verbally before initiation of services. The organization should ensure the caller understands the organization's policy on call recording and address any concerns the caller may have regarding the practice.

Juvenile Justice Interpretation: In juvenile justice programs, when recording, photographing, or filming is required by law, consent may not be necessary. However, it is still expected that the organization informs clients before recording, photographing, or filming.

Note: Please see the [Case Record Checklist](#) for additional guidance on this standard.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,

- Written, informed consent is always obtained prior to recording, photographing, or filming and there have been no instances where clients were recorded, photographed, or filmed without proper consent, but procedures could be strengthened or clarified.

3

Practice requires significant improvement; e.g.,

- In a few rare instances, informed consent was not obtained prior to recording, photographing, or filming; or
- The organization does not permit recording, photographing, or filming in practice but a clear policy does not exist or needs strengthening.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

CR 2.04 (FP)

The release form for disclosure of confidential information includes the following elements:

- a. the name of the person whose information will be released;
- b. the signature of the person whose information will be released, or the parent or legal guardian of a person who is unable to provide authorization;
- c. the specific information to be released;
- d. the purpose for which the information is to be used;
- e. the date the release takes effect;
- f. the date, event, or condition upon which the consent expires in relation to the individual purpose for disclosure, not to exceed one year from when the release takes effect;
- g. the name of the person(s) or organization(s) that will receive the disclosed information;
- h. the name of the person or organization that is disclosing the confidential information; and
- i. a statement that the person or family may withdraw their authorization at any time except to the extent that action has already been taken.

Interpretation: Blanket release forms signed by clients when service is initiated do not meet the requirements of this standard except as put forth by federal regulation, for example, when making application to FEMA/DHS in a declared disaster.

Interpretation: When a release form is used to authorize the exchange of information between multiple parties, the form must comply with all elements of the standard. All relevant parties must be authorized to disclose and receive the information specified, for the purpose indicated, in the consent.

Interpretation: Elements (b) and (i) will not apply when law, regulation, or court order, permits confidential information to be released without the authorization of the person or legal guardian.

FEC Interpretation: In credit counseling organizations this standard applies in situations where a client specifically requests release of information to a third party, such as a letter of reference regarding payment history, or in instances when a program-specific release does not exist. Debt management agreements or releases signed at the initiation of a debt management program allow for information sharing with all creditors included in the program or added to the program for the duration of service, unless state laws indicate otherwise.

Examples: Examples of information that may also be included on release forms include a statement regarding the impact, if any, of refusing to sign the authorization, and rules regarding re-disclosure of information.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,

- Consent forms are always completed and signed, but in a few instances information related to elements (c) or (d) is vague.

3 Practice requires significant improvement; e.g.,

- Consent is always obtained and forms are signed, but a significant number of consent forms
 - Have missing or inadequately addressed components; or
 - Are overly broad or non-specific.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

Client Rights

CR 3: Research Protections

Purpose

The rights and dignity of clients are respected throughout the organization.

An organization that participates in or permits research involving service recipients establishes the right of individuals to refuse to participate without penalty and guarantees participants' confidentiality.

NA: The organization does not permit research involving service recipients.

Interpretation: For purposes of CR 3, research includes all forms of internal or external research involving service recipients except internal program evaluation and outcomes research, and educational projects carried out by students and interns as part of their professional training.

Rating Indicators:

1 The organization's practices fully meet the standard as indicated by full implementation of the practices outlined in the CR 3 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the CR 3 Practice Standards.

3 Practice requires significant improvement, as noted in the ratings for the CR 3 standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the CR 3 standards.

Table of Evidence

Self Study Evidence

*	• Human subject research policy	
*	• Human subject research procedures	
*	• Informed consent form template	

Site Visit Evidence

*	• Minutes from research proposal meetings for the previous six months • Signed consent forms for research activities
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On-Site Activities

*	• Interviews may include: 1. CEO 2. Governing body 3. Relevant personnel 4. Persons served
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CR 3.01 (FP)

The identity and privacy of participants is safeguarded in all phases of research conducted by, or with the cooperation of, the organization including, but not limited to, masking the individual identity of research participants in all statistical analyses, reports, summaries, and case examples.

Rating Indicators:

- | | |
|----------|--|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none">• Procedures are somewhat general; or• Safeguards when working with external researchers need strengthening. |
| 3 | Practice requires significant improvement, e.g., <ul style="list-style-type: none">• In a few cases the names of persons served or other identifying data were not redacted from research materials. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

CR 3.02

The organization has a mechanism to review research proposals involving service recipients, such as a human subjects committee or an internal review board that reports to the chief executive officer or governing body.

Rating Indicators:

- | | |
|----------|--|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none">• Proposals are not always reviewed in a timely manner. |
| 3 | Practice requires significant improvement; e.g., <ul style="list-style-type: none">• No committee exists and the governing body responds to proposal requests on a case-by-case basis with few established guidelines. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

CR 3.03 (FP)

Research participants, or a parent or legal guardian, sign a consent form that includes:

- a statement that he or she voluntarily agrees to participate;
- a statement that the organization will continue to provide services regardless of whether he or she agrees to participate;
- an explanation of the nature and purpose of the research;
- a clear description of possible risks or discomfort, as applicable; and
- a guarantee of confidentiality.

Interpretation: *The consent form should be presented to the participant in an accessible format, which takes into account language barriers as well as intellectual and developmental disabilities that could impact the participant's understanding.*

Note: Please see the [Case Record Checklist](#) for additional guidance on this standard.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement; e.g., |

- In a few cases one of the elements is not fully addressed; or
- Consent is obtained, but the organization uses consent forms provided by external researchers which do not always contain the elements of the standard.

- 3** Practice requires significant improvement; e.g.,
- In a few cases, consents are not obtained and forms are not signed; or
 - One elements is not addressed at all; or
 - Consent forms are overly broad or lack specificity.

- 4** Implementation of the standard is minimal or there is no evidence of implementation at all.

