

(8) **PROTECTION OF RESIDENT FUNDS.** To manage your own funds, or if you request, to have the facility hold, safeguard, and account for personal funds deposited with the facility under a system established and maintained by the facility (attached to this form).

(9) **PARTICIPATION IN RESIDENT AND FAMILY GROUPS.** To organize, maintain and participate in a resident or family council in the facility. The facility shall afford reasonable privacy and facility space for the meetings of such councils.

(10) **PARTICIPATION IN OTHER ACTIVITIES.** To participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

(11) **WORK.** To decide whether or not you want to work for the facility. If you do work, your care plan should specify the nature and conditions of the work and whether you will be paid.

(12) **MAIL.** To privacy in written communication, including the right to send and receive your mail promptly and unopened; and to have access to stationery, postage and writing materials a your own expense.

(13) **TELEPHONE.** To have regular access to the private use of a telephone.

(14) **PERSONAL POSSESSIONS.** To retain and use personal possessions, including clothing and some furnishings, as space permits, unless to do so would infringe upon the rights, health or safety of other residents; and, the right to reasonable safeguards of such possessions. The facility shall provide a means for safeguarding your small items of value in your room or in another part of the facility where you must have reasonable access to them; All losses or thefts of personal possessions must be promptly investigated by the facility and the results of the investigation reported to the affected resident.

(15) **CLOTHING.** If clothing is provided for you by the facility, it must be of reasonable fit.

(16) **MARRIED COUPLES.** To share a room with your spouse when living in the same facility, as long as both spouses consent to the arrangement.

(17) **SELF ADMINISTRATION OF DRUGS.** To self-administer drugs unless the facility's interdisciplinary team has determined that this practice is unsafe for you.

(18) **EXAMINATION OF SURVEY RESULTS.** To examine, upon reasonable request, the results of the most recent state or federal inspection of the facility and any plan of correction.

(19) **FILING OF COMPLAINTS.** To file a complaint with the Montana Department of Health and Environmental Sciences, Cogswell Building, Helena, MT 59620, relating to resident abuse, neglect or misappropriation of your property in the facility.

(20) **GRIEVANCES.** To voice grievances to the facility or the resident council about care or treatment you or other residents receive, without discrimination or reprisal. The facility shall establish written procedures for receiving, promptly handling, and informing you or the resident council of the outcome of any grievance presented, including those with respect to the behavior of other residents. You also have the right to ask a state agency or a resident advocate for assistance in resolving grievances, free from restraint, interference, or reprisal.

(21) **TRANSFER AND DISCHARGE; NOTICE.** You may not be transferred or discharged from the facility, unless it is necessary for your welfare and your welfare cannot be met in the facility; you no longer need the services provided by the facility; the health or safety of individuals in the facility is endangered; you have failed after reasonable and appropriate notice to pay for (or to have paid under Medicare or Medicaid) your stay at the facility; or the facility ceases to operate. If the transfer or discharge is involuntary, you have the right to 30 days' advance notice to ensure an orderly transition, except in cases of emergency, for medical reasons, to protect the health or safety of individuals in the facility, or if you have not resided in the facility for 30 days. The facility must inform you of your appeal rights relating to transfer or discharge decisions. If you are transferred or discharged for hospitalization or a therapeutic leave, the facility must notify you of its bed hold and re-admission policies.

(22) **ACCESS AND VISITATION RIGHTS.** To visits by family and other relatives at any time; and to visits by others at all reasonable times. You have the right to refuse to receive visitors at any time. Your physician, health inspectors and other government officials and advocates may have immediate access to you.

(23) **MEDICAID RIGHTS.** To receive a copy of the notice of Medicaid beneficiary rights and spousal rights developed by the State of Montana. (Attached to this form).

(24) **ACCIDENTS/CONDITION CHANGES.** To prompt notice to your authorized representative of any significant accident, unexplained absence, or significant change in your health status.

(25) **OBTAINING RECORDS.** To inspect and purchase photocopies of all your records upon written request and reasonable notice to the facility.