

ACCESSING THE INTERNAL RIGHTS COMMITTEE

When a person expresses concern about a rights issue, Community Living Parry Sound (CLPS) staff will attempt to address the concerns internally in a timely manner, to the satisfaction of the person. Failing that, the person may request a review by the Internal Rights Committee (IRC).

REQUESTING THE REVIEW OF A RESTRICTION

1. A review is requested by sending a referral to the IRC.

There are two ways to submit a referral:

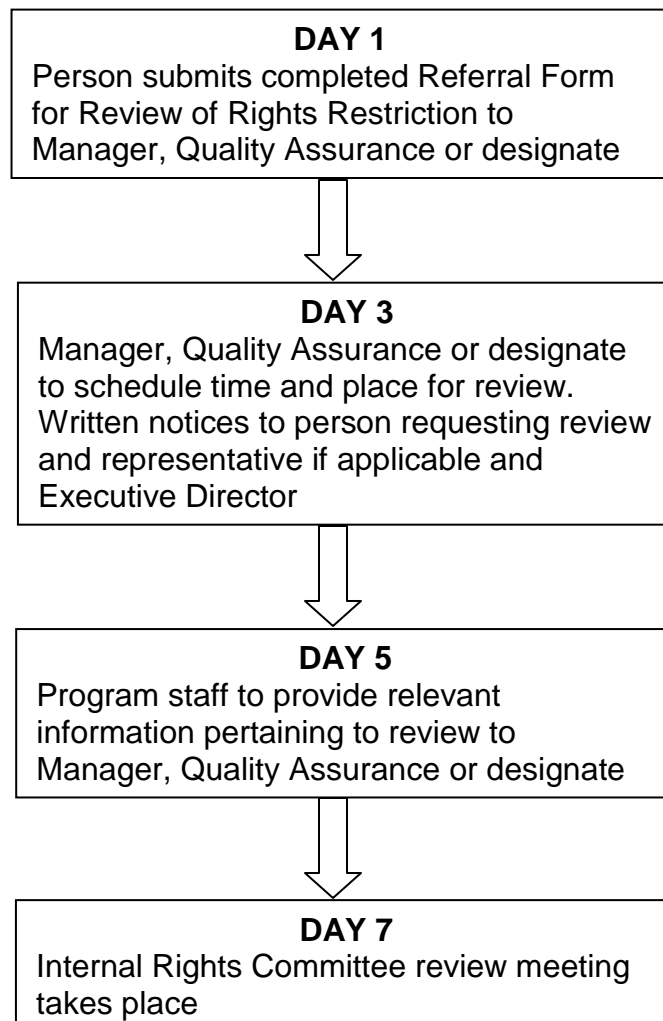
- i. Delivering the referral to the Manager, Quality Assurance or mail to 38 Joseph Street
 - ii. Delivering the referral to the Executive Director, or any Director at CLPS, who shall immediately forward it to the Manager, Quality Assurance
2. The referral should include the following information, if applicable, to the specific restriction being reviewed:
 - i. Referral Form
 - ii. Consent to Proceed with Rights Restriction Review form
 - iii. Any other information pertaining to the restriction, e.g. Serious Occurrence information, behavioural reports, etc.
3. The Manager, Quality Assurance shall arrange to hold an IRC review within seven (7) working days of receipt of a referral.
4. The IRC will review any or all of the written submissions from all parties, or, if requested, may be an oral review with all parties in attendance.
5. The referral must contain a signed consent form for disclosure of any relevant material by CLPS to the IRC.
6. The person may be present at the review, or be represented by someone of their choice; i.e. support staff, family member, APSW, self-advocate, etc.

NOTICE OF REVIEW

1. Within three (3) working days of receipt of a referral requesting a hearing, the Manager, Quality Assurance, shall schedule a time and place for the review. Written notice of the time and place of the IRC review meeting will be delivered to the person requesting the review (and their representative if applicable) and the Executive Director within three (3) working days of receipt of the referral.

DISCLOSURE OF DOCUMENTS

1. Upon receipt of the person's written authorization to proceed with the review, the Manager, Quality Assurance, shall request in writing to the appropriate person (i.e. Primary Community Inclusion & Support Facilitator, other Community Inclusion & Support Facilitators and/or Program Supervisor) to produce a copy of any relevant material pertaining to the referral.
2. The appropriate person shall make such material available to the Manager, Quality Assurance, within five (5) working days of the request.
3. A person who is having a rights restriction reviewed, and his/her representative, has the right to review and obtain copies of all material provided to the Manager, Quality Assurance pertaining to that hearing, other than material that is confidential because it pertains to another person who is supported by CLPS.
4. The Manager, Quality Assurance, shall ensure that any material that directly pertains to a specific person supported by CLPS is kept strictly confidential.



REFERRAL FORM FOR REVIEW OF RIGHTS RESTRICTIONS

If you feel that any of your rights are being restricted and you would like help in removing that restriction, please complete this form and forward it to: Manager, Quality Assurance (or designate)

Your concern will be brought to the Internal Rights Committee and held confidential. If you need assistance in completing this form, please ask a support staff or Manager, Quality Assurance at 746-9330.

Your Name: _____

Your Phone No.: _____

1. Please indicate the right you feel is being violated or restricted.

2. Please detail your complaint or rights restriction. It will be helpful if you can provide specifics; e.g. names, dates and times, etc.

3. Please make specific suggestions about how to resolve the situation you are writing about.

4. Have you discussed this issue with the:

Program Supervisor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Executive Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Would you like to be present at the Internal Rights Committee meeting when your rights restriction is reviewed?

Yes No

6. Do you give consent to have relevant information brought forward to the Internal Rights Committee so that they can appropriately respond to your request? (e.g. medical information or assessments, etc.)

Yes No

7. Would you like assistance in attending the IRC review meeting?

Yes No

If Yes, please indicate name of person _____

Please print your name

Date

Name of person who helped you fill out this form:

cc. Executive Director

Yes No

Other: _____

COMMUNITY LIVING PARRY SOUND

CONSENT TO PROCEED WITH RIGHTS RESTRICTION REVIEW

I, _____, give my consent for the Manager, Quality Assurance and advocate of my choice, if needed, to proceed with the compilation of information relating to rights restrictions that apply to me. Consent is also give for presentation of information to the Internal Rights Committee.

I will be kept informed as my review request progresses of the steps taken and the people who need to be involved in order to best represent the facts.

Signature

Witness

Date

Date