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The right to CHOOSE WHEN TO EAT	The right to CHOOSE WHEN TO GET UP	Receive financial statements and information about services and charges	Preparation and orientation to ensure a safe and orderly discharge	Refuse or stop treatment or medication
BE INFORMED ABOUT CHANGES IN CARE	The right to CHOOSE WHEN TO GO TO BED	Refuse or stop treatment or medication	SEND AND RECEIVE MAIL UNOPENED	FREE TO VOICE YOUR OPINION
Make choices about your schedule personal care and activities ATTEND ACTIVITIES OF CHOICE	FREE FROM BULLYING	FREE SPACE	FREE FROM MENTAL PHYSICAL VERBAL EMOTIONAL ABUSE	Participate in social religious and community activities inside and outside the facility
CHOOSE A BATH OR SHOWER	RECIEVE DENTAL CARE	Access to personal and medical records	the right to use personal belongings to the extent possible	Easy access to the call light
CHOOSE OWN DOCTOR	HAVE PRIVACY	Right to Make Complaints	A safe environment with personal belongings where possible	Be free of physical and chemical restraints

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R I G H T

the right to be informed in a language and format you understand	RECIEVE DENTAL CARE	PARTICIPATE IN CARE PLAN	SEND AND RECEIVE MAIL UNOPENED	EXCERCISE RIGHTS W/O DISCRIMINATION OR INTERFERENCE
Organize or participate in family or resident councils	The right to CHOOSE WHEN TO GO TO BED	Access to personal and medical records	Access to people services and activities inside and outside the facility	Easy access to the call light
Ask for care plan meetings and choose who attends	FREE FROM BULLYING	FREE SPACE	the right to use personal belongings to the extent possible	VISION CARE
Designate or revoke a surrogate decision-maker	HAVE PRIVACY	Receive financial statements and information about services and charges	TO BE TREATED WITH RESPECT DIGNTIY	BE TREATED WITH CONSIDERATION
CHOOSE OWN DOCTOR	Have visitors you want at any time you choose	Right to Make Complaints	FREE FROM MENTAL PHYSICAL VERBAL EMOTIONAL ABUSE	FREE TO VOICE YOUR OPINION

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R I G H T

Organize or participate in family or resident councils	HAVE PRIVACY	RECEIVE A COPY OF CARE PLAN	TO BE TREATED WITH RESPECT DIGNTIY	Refuse or stop treatment or medication
CHOOSE OWN DOCTOR	HAVE FOOD CHOICE	Refuse or stop treatment or medication	Access to people services and activities inside and outside the facility	FREE TO VOICE YOUR OPINION
CHOOSE A BATH OR SHOWER	Have visitors you want at any time you choose	FREE SPACE	Receive a 30-day written notice of discharge	BE TREATED WITH CONSIDERATION
Make choices about your schedule personal care and activities ATTEND ACTIVITIES OF CHOICE	RECIEVE DENTAL CARE	Receive financial statements and information about services and charges	SEND AND RECEIVE MAIL UNOPENED	Participate in social religious and community activities inside and outside the facility
Ask for care plan meetings and choose who attends	KEEP PERSONAL ITEMS	You have the right to o Appeal your discharge notice and remain in the facility until the appeal is decided;	A safe environment with personal belongings where possible	Be free of physical and chemical restraints

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