

**Department of Behavioral Health and Developmental Disabilities  
Office of Human Rights**

Human Rights Compliance Verification

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Name of Provider

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Address

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Director's name

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Phone number

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Email address

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Type of service

(Director's name) verifies that (name of provider) is in full compliance with the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded and Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS/DBHDD)*.

(Name of provider) has a mission statement/value and other documents that promote the policy (12 VAC 35-115-20) of the human rights regulations

(Name of provider) has policies and procedures written in full compliance with each of the following sections of the regulations.

12 VAC 35-115-50-Dignity

12 VAC 35-115-60-Services

12 VAC 35-115-70 Participation in Decision Making

12 VAC 35-115-80 Confidentiality

12 VAC 35-115-90 Access to and amendment of services record

(Name of provider) has documents and notices in compliance with 12 VAC 35-115-40-Assurances.

(Name of provider) has practices and policies that promote the freedoms of everyday life as found in 12 VAC 35-115-100.

The provider does or does not (circle one) have Program Rules.

(Name of Director) shall submit Program Rules to the human rights advocate for review and to the local human rights committee for review and approval prior to implementation.

(Name of provider) will or will not use seclusion, restraint and time out.

If yes, (Name of provider) has a policy written in accordance with 12 VAC 35-115-110 for the use of such interventions. (Name of Director) shall submit the seclusion, restraint and time out policies to the human rights advocate and local human rights committee for review and comment prior to implementation.

(Name of provider) has a policy for behavioral management written in accordance with 12 VAC 35-115-110.

(Name of provider) has a policy that addresses decision making, consent and authorization as well as substitute decision making in accordance with 12 VAC 35-115-145 and 146.

(Name of provider) has a policy that describes the complaint resolution process in accordance with 12-VAC 35-115-170.

(Name of provider) has policies in accordance with all other sections of the human rights regulations applicable to the provider's service or program including 12 VAC 35-115-120, Work and 12 VAC 34-115-130 Research

(Name of Director) has reviewed and understands the reporting requirements in 12 VAC 35-115-230.

(Name of Director) has reviewed and understands the requirements for employee training, local human rights committee affiliation & support, and all other requirements in 12 VAC 35-115-250.

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\_\_\_\_\_  
Director's signature

\_\_\_\_\_  
Date

Please submit the completed form via email to Margaret Walsh at [margaret.walsh@dbhds.virginia.gov](mailto:margaret.walsh@dbhds.virginia.gov) or if necessary via fax to 804-371-2308. *You will be contacted once the form is received and verified. You then may contact the Regional Advocate to pursue an affiliation with a local human rights committee.*