	Checklist: Priva	су			
Policy, Procedures and Operational	Guidelines				
 Ensure that P&P Manual contains the specific requirement that individuals have the right to privacy, have the right to have their information kept private, and have the right to have personal care provided in private. Ensure the P&P Manual describes the expectation that people have access to make and receive private telephone calls and access to personal communication via text, email or other personal 			 ✓ Does the Manual contain the expectation for each policy? ✓ Does the Manual describe the provider's specific procedures for ensuring each policy is implemented? 		
communication method as well as a location where they can visit with others privately. 3. Ensure the P&P Manual describes the expectation that the provider and staff keep personal			Check to confirm policy is complete	Yes	No
information private and do not share it with others without the person's expressed consent.			1. Contains		
4. Ensure the P&P Manual describes the expectation that staff will not enter the person's living unit			2. Describes		
without first knocking on the door and obtaining permission from the person to enter the living unit. 5. Ensure that P&P Manual describes the specific procedure for choosing a roommate, whenever			3. Describes		
possible.			4. Describes		
6. Ensure that P&P Manual describes the expectation for obtaining due process if a modification to is			5. Describes		
required, in keeping with the description in the <i>Checklist for Person- Centered Plan Documentation of</i>			6. Describes		
Modifications to HCBS Requirements.Ensure that P&P Manual requires provider staff are trained with regard to individuals' right to privacy.			7. Requires		
Ensure that provider staff have been trained to competency for this requirement. 1. Is there training curriculum available for review? 2. Does the training material accurately reflect the requirement and what it should look like in practice? 3. Do the training rosters show that all staff have been trained in this requirement?			Name of Training: Name of Trainer: Date of Training: Training Roster Available:		
Provider Confirmation External Revie		w for Heightened Scrutiny Review & Advocacy			
Name of Policy:		Type of Review	Name of Reviewer		<u>Date</u>
Policy Page or Number		Certification			<u>-</u>
Date Policy Completed/Approved:		Monitoring			
Approved By:		Advocacy			
NOTE: External Reviews w	ill include 'Observation" and "Interview" qu	estions below duri	ng Certification and Monitorin	ng Visits	
Observations Individual/Staff Name(s)				ſ	Date

Individual/Staff Name(s)	
Individual/Staff Name(s)	
mairiadai, stair itamic(s)	Date
_	