



Department of Behavioral Health and Developmental Disabilities  
Office of Human Rights

**HUMAN RIGHTS COMPLIANCE VERIFICATION**

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address of program if different from provider's address

\_\_\_\_\_  
Director's name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**Please check the status that applies to you:**

- New applicant seeking DBHDS license
- Licensed provider seeking program modification of a new service at same location
- Licensed provider seeking program modification of a same service in same region, but new location
- Licensed provider seeking program modification in new region

\_\_\_\_\_  
Type of service

\_\_\_\_\_  
Name of your Licensing Specialist, if one has been assigned

**Please complete the name of provider and Director's name in each section below:**

(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 Behavioral Health and Developmental Services (DBHDS)*.

(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
- Revised 9/11/2014

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 provider) \_\_\_\_\_ 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.

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

\_\_\_\_\_  
**Date**

Submit the completed form to Deb Lochart, Acting Director, Office of Human Rights by mail to P. O. Box 1797, Richmond, VA 23218, via fax at 804-371-2308 or email to [deb.lochart@dbhds.virginia.gov](mailto:deb.lochart@dbhds.virginia.gov)

For questions call Deb Lochart 804-786-0032.  
Revised 9/11/2014