CENTRO DIAGNOSTICO-RIABILITATIVO
PER DISTURBI SPECIFICI
DELL'APPRENDIMENTO (DSA)
Infanzia - Età scolare - Età adulta

l'angolotondo

CHARTER OF SERVICES

2025

Dear User, we hereby provide you with the "Charter of Services" of the Centro L’angolotondo, a document that, in addition to being a guide, is intended to constitute a true "partnership agreement" between the Center and its users. It provides information on the range of services offered, operational procedures, and the quality standards that the organization is committed to achieving, as well as the forms of protection and participation available to citizens.

The "Charter" is essentially oriented toward protecting the rights of all those who choose to use Centro L’angolotondo. It provides them with the necessary knowledge to concretely exercise their right to choose their place of care and to verify and monitor the correspondence between the promised service and the one actually delivered, in accordance with the principle of transparency. Naturally, in addition to the Charter of Services, information and reception are constantly ensured, including by telephone, by the assigned Staff.

The commitment of the professionals operating in the Center is to combine optimal clinical outcomes with humanity and competence. This is based on a care model founded on a proper Clinical Risk management system, appropriateness of care, professional competence and ongoing training, cutting-edge methods and technological equipment, as well as the personalization of services and environmental comfort. For this reason, your cooperation through any advice, observations, and evaluations you may wish to provide will be of indispensable help.

Please consider all the Center's professionals at your disposal in every circumstance and for any further information and needs.

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1. PRESENTATION OF THE CHARTER OF SERVICES

The Charter of Services is the document through which Centro L'Angolotondo informs users about the services offered, how to access them, the guaranteed quality standards, and the methods for protecting citizens' rights. The Charter represents a tool for transparency, participation, and continuous improvement, allowing users to know and evaluate the services provided by the facility.

1.1 Reference Regulatory Framework

The "Charter of Services" is an expression of the principles contained in the following documents:

- "Patient's Bill of Rights", approved in 1973 by the American Hospital Association;
- "Charter of Rights of the Sick", adopted by the CFE in Luxembourg from May 6 to 9, 1979;
- "Charter of the 33 Rights of the Citizen", drafted in the first public session for the rights of the sick, in Rome on June 29, 1980;
- Art. 25 of the "Universal Declaration of Human Rights" - Art. 11 and 13 of the "European Social Charter 1961";
- Art. 12 of the "UN International Covenant on Economic, Social and Cultural Rights", 1966;
- Resolution No. 23 of the World Health Organization, 1970, which correspond fully with the principles of the Italian Constitutional Charter (Articles 2 - 3 - 32).

Furthermore, its structure complies with national and regional legislation, in particular:

- Directive of the Prime Minister dated 27.01.94 [1]
- The general reference framework of the "Charter of Public and Health Services" pursuant to the D.P.C.M. of May 19, 1995 [2]
- Guidelines No. 2/95 "Implementation of the Charter of Services of the National Health Service", Ministry of Health
- Marche Regional Council Resolution (DGR) No. 1288/2013 "Authorization and accreditation requirements for structures responsible for the diagnosis and certification of specific learning disorders, pursuant to Regional Law No. 32 of November 19, 2012"
- Regional Law No. 21/2016
- Marche Regional Council Resolution (DGR) No. 1572/2019 "Regional Law No. 21/2016, as amended, Chapter III, Art. 16 - Accreditation Manual for health and socio-health facilities provided for in Article 7, paragraph 1, letters a), b), c), d) and paragraph 2.

1.2 Purpose of the Charter of Services

The Charter of Services aims to:

- Guarantee transparency in the delivery of services
- Protect the rights of users
- Define the quality standards of performance
- Encourage citizen participation in improving services

1.3 Methods of Dissemination

The Charter of Services is disseminated through the following channels:

- It is made freely available in paper format at special displays located in the reception and/or waiting room, together with an information brochure in English, serving as a concise version of the full document;
- It is presented to the user upon entering the service by the professional assigned to reception, who explains its purpose and contents;
- It is made available by all the Center's professionals upon request;
- It is summarized on the facility's website (www.langolotondo.it – il centro).

2. PRESENTATION OF THE FACILITY

2.1 Identity of the Center

Centro L'Angolotondo is a healthcare facility specialized in the evaluation, diagnosis, and treatment of developmental and learning disorders. It is accredited by the Marche Region to perform diagnostic and certification activities for Specific Learning Disorders (SLD/DSA).

The facility caters to:

- Children
- Adolescents
- Adults
- Families

Address: Via Giovanni Agnelli 18/20 Località Molini Girola – Fermo

Accessibility to the Center is aided by road signs distributed along the main road and at access intersections. Parking is facilitated by free parking spaces in front of the building and reserved spaces inside the building's courtyard. Access to the facility is free of architectural barriers.

Opening Hours: Monday – Friday: 09:00 – 13:00 / 15:00 – 20:00 Saturday: 09:00 - 13:00

Contacts: 0734 605451 371 5161784 Email: info@langolotondo.info

2.2 Mission

To guarantee children and adolescents with learning difficulties:

- Timely and appropriate diagnoses;
- Personalized habilitative and rehabilitative interventions based on scientific evidence and good clinical practices;
- Integration with the family and school;
- Protection of the right to education and health.

To maintain an organization oriented toward continuous improvement, quality of care, and the centrality of the person.

2.3 Vision

To be the private local reference Center for the diagnosis and treatment of SLD, guaranteeing quality, timeliness, and appropriateness of interventions, while promoting a global, integrated, and multidisciplinary intake model focused on enhancing individual potential and supporting inclusive educational paths.

2.4 Fundamental Principles

In compliance with the Directive of the Prime Minister of January 27, 1994, the organization and activities of the Center, as well as its Mission and Vision, are based on the following fundamental principles:

- **Centrality and Valuation of the Person:** The working philosophy and values of the Center are entirely focused on the needs and well-being of the individual patient. Every intervention is oriented toward recognizing the person as a whole, respecting their dignity, history, religious, ethnic, and linguistic specificities, and individual or special needs—such as those related to age, gender, particular health conditions, and physical vulnerabilities (persons with disabilities [3]) and/or psychological fragility. Intake is personalized, proportionate to clinical needs, and consistent with the minor's evolutionary potential.
- **Equality:** Services are provided according to certain and equal procedures for everyone, without distinction of sex, race, nationality, religion, language, political opinions, and social condition.
- **Appropriateness, Quality, and Scientific Evidence:** Diagnostic and rehabilitative services are delivered in compliance with scientific evidence, national guidelines, and current regulatory requirements. Appropriateness is understood as coherence between the identified need, the proposed intervention, and the goals of functional improvement.
- **Timeliness and Continuity of Care:** The Center guarantees limited waiting times and continuity of the care path, ensuring consistency between evaluation, feedback, and treatment. Continuity is fostered by multidisciplinary intake and the identification of a clinical case manager for each user.
- **Multidisciplinarity and Integration:** Intake is carried out through an integrated multidisciplinary team operating in a coordinated manner to ensure comprehensive management of needs. Collaboration with the family and the school context is an integral part of the care pathway.
- **Impartiality and Transparency:** Services are provided according to criteria of objectivity, justice, impartiality, and clarity of information. The Center guarantees transparency in procedures, costs, and clinical paths.
- **Right of Choice:** The User has the right to choose among the entities distributed across the territory that provide the same service [4].
- **Professionalism and Responsibility:** The multidisciplinary team operates in compliance with professional profiles, ethical responsibility, and continuous skill updates. Lifelong learning constitutes an essential prerequisite for maintaining quality standards.
- **Respect for the User's Needs and Expectations through:**
    - The provision of appropriate and convenient access hours;
    - Certain and transparent waiting times and booking procedures;
    - Respect for appointment times;
    - Prompt reporting of diagnostic services;
    - A comfortable environment that respects all hygiene parameters;
    - Professionalism and courtesy from all staff members and willingness to provide information.
- **Protection of Confidentiality and Rights:** The processing of personal and health data takes place in compliance with current legislation, guaranteeing privacy protection and the right to access documentation according to formalized internal procedures.
- **Continuous Improvement and Outcome Orientation:** The Center adopts a Quality Management System oriented toward the systematic monitoring of care processes and outcomes, pursuing continuous improvement of clinical and organizational performance.

3. INFORMATION ON SERVICES

3.1 Types of Services

The Center offers services including:

- Diagnostic evaluation [5]
- Specialist consultation
- Habilitative/rehabilitative interventions with cognitive empowerment, executive function enhancement, and neuropsychological enhancement for comprehension, attention, or memory difficulties
- Support and individual, couple, and family psychological and psychotherapeutic treatment
- Parenting support
- Pedagogical-clinical (psychoeducational) treatment
- Individual or group speech therapy treatment

The Center also offers the following support services:

- Individual and group specialized after-school support, also with the aid of compensatory tools (PC, specific software, concept maps) aimed at achieving autonomy in studying and doing homework
- Reading trainer (remote treatment of dyslexia and other learning disorders)
- Screening service
- Consultation for teachers and parents
- Formulation of personalized educational plans (PDP) and individualized education plans (PEI)

The main areas of intervention concern:

- Specific Learning Disorders [6]
- Speech/Language deficits and disorders
- Cognitive and attention difficulties [7]
- Emotional and behavioral disorders

3.2 Professional Team

The Center utilizes a multidisciplinary team composed of the following professional figures:

- Pediatrician
- Child Neuropsychiatrist
- Psychiatrist
- Psychologists - Psychotherapists
- Speech Therapists
- Pedagogists
- Neuro-psychomotor therapists
- Learning Tutors

3.3 Access Methods

Access to services is by appointment only. The first meeting is aimed at collecting anamnestictic/history information and defining the evaluation path.

.4 Bookings

Bookings can be made:

- By phone, during the Center's opening hours, at **371 5161784**
- By email, at **info@langolotondo.info**

If the User cannot keep the appointment, they are required to cancel at least 48 hours in advance, both to reduce any waiting lists and to avoid paying the fee due for the uncancelled service (Article 3, paragraph 15 of Legislative Decree 124/98). Similarly, any impediments by the facility to perform the service on the day and hour established in the booking bind the facility to timely communication to the User, with a commitment to reschedule the new service in agreement with the latter.

3.5 Waiting Lists

The Center is committed to ensuring limited waiting times, compatible with the demand for services and the organization of the workload. The booking of specialized outpatient services by the User results in eligibility for the waiting list, which is defined based on clinical relevance criteria. The priority criterion used for creating the waiting list is based on the relevance of the person's clinical conditions and is divided into 2 levels:

- **Priority requests:** situations in which the time factor is discriminating for the health condition and recovery possibilities;
- **Schedulable requests:** situations that are not urgent, for which the performance of the service can be scheduled within the normal calendar of activities.

Within the 2 levels of criteria, chronological order regulates access. The Outpatient Service Booking Register [8] constitutes, in this sense, the most effective monitoring and control tool for the correct application of current regulations in this matter. This register contains:

- Date of booking request by the citizen
- Last name and first name
- Address, email, and telephone number (if deemed necessary for management purposes)
- Type of service requested
- Any referring physician
- Date scheduled for the performance of the service
- Classification of services based on the priority criteria expressed above.

3.6 Administrative Services

The facility provides the following services:

- Information
- Bookings
- Acceptance/Intake
- Invoicing
- Delivery of clinical documentation

3.7 Intake and Admission

The user path includes:

- Reception
- Specialist evaluation
- Definition of the diagnosis
- Development of the therapeutic or rehabilitative project

At the first appointment scheduled following the request for intervention, the Clinical Pedagogist—identified as the permanent and continuous coordinating figure across all functional units, without hierarchical responsibility (**case manager**):

- Welcomes the User and/or their family, informing them in advance about the public and private facilities present in the territory of the province of Fermo that provide the same service as Centro L'angolotondo. To guarantee the User's right to choose among the subjects distributed over the territory that provide the same service, the professional also hands them a written disclosure sheet [9].
- If the User or their family, following a free evaluation of the written information delivered to them so they can exercise their right of choice, decides to confirm their preference for Centro L'angolotondo, the professional describes the operating methods of the Center and the multidisciplinary team, and delivers for signature the Informed Consent form [10] and the Privacy Disclosure and Consent to Personal Data Processing form [11], which will be kept in the Clinical Record.
- Describes the function and contents of the Charter of Services.
- Collects the first anamestic-clinical data by filling out the Intake File.

Once this first phase is completed, the Clinical Pedagogist proceeds to identify the professional or team of professionals for the specific clinical-functional evaluation (neuropsychiatric, pediatric, psychological, speech therapy, pedagogical, neuro-psychomotor evaluation, as needed). They schedule—according to the times defined by the multidisciplinary team—the calendar of specialist evaluations, the team meetings for project verification, and the subsequent interview of the reference professional(s) for communication with the family.

At the end of the evaluation, the team constituted from time to time defines the **Clinical Diagnosis** and the consequent **Rehabilitative and/or Therapeutic Project**, both reported in the Multidisciplinary File (an integral part of the multidisciplinary clinical record in use) [12]. The team identifies one or more Staff members to communicate the findings to the family and to share the rehabilitative proposal with them. The professionals will deliver a report to the family containing the diagnostic orientation and the rehabilitative and/or therapeutic proposal, to be signed for acknowledgment by the person concerned or by their parents if a minor. Where requested, a certification pursuant to Law 170/2010 will be issued.

3.8 Rehabilitative Project

The therapeutic project is developed by the multidisciplinary team and shared with the family. It includes:

- Definition of goals
- Planned interventions
- Verification times

3.9 Discharge

Discharge occurs at the end of the therapeutic path or upon reaching the established goals. Discharge is also carried out in the event of unjustified absences from therapeutic treatment for at least 50% of the sessions, as this compromises the effectiveness of the treatment itself.

4. QUALITY OF SERVICES

4.1 Quality Policy

Centro L'angolotondo is committed to guaranteeing quality health services, oriented to the needs of the citizen, through:

- Attention to the person
- Organizational efficiency
- Continuous improvement

Quality concerns not only health services but also the user's overall experience. The quality of the service is based on three fundamental aspects:

- **Organization** (structures, resources, environments)
- **Performance** (methods of service delivery)
- **User satisfaction**

The goal is to guarantee effective, accessible, and respectful services. Quality is evaluated throughout all phases of the patient's experience:

- Booking
- Reception
- Waiting times
- Visit and services
- Payment
- Relations with staff
- Collection of documentation
- Opportunity to express satisfaction or lodge complaints

4.2 Quality Factors and Indicators

The service quality taken into consideration revolves around dimensions related to:

- **Time:** such as timeliness (speed of service, brevity of waiting lists and lines, etc.), punctuality, and regularity (respect for pre-established and communicated schedules);
- **Simplicity of procedures:** such as the possibility of making requests by phone or the ease of administrative requirements;
- **Information relative to medical treatment:** understandability, clarity, completeness;
- **Orientation and reception at the entrance of the Center:** including signage, reception service, and necessary general information on services (hours and location of services, names of managers, application methods, etc.);
- **Physical structures:** comfort and cleanliness of the facility, restrooms, and waiting rooms;
- **Social and human relations:** personalization and humanization of treatment, reassurance capacity, courtesy, and respect for dignity, etc.

The Center therefore commits to guaranteeing:

- **Accessibility and timing:** limited waiting times compliant with regulations; ease of booking (phone/email).
- **Reception and orientation:** clear signage; helpful and courteous staff.

- **Information:** simple, clear, and complete communications; information on services, hours, and access methods.
- **Comfort and environments:** clean and comfortable environments; accessible restrooms.
- **Relationship with the user:** respect for dignity and privacy; attention to individual needs.

Main Quality Standards:

- Facilitated booking: e 95% of cases
- Compliance with waiting times: e 95%
- Waiting for payment: d 20 minutes
- Clear information: e 95%
- Privacy protection: e 95%
- Delivery of reports within agreed times: e 80%

The Center promotes user involvement through:

- Satisfaction questionnaires
- Complaint management
- Collection of suggestions

The information collected is used to continually improve services.

4.3 Monitoring

The quality of services is monitored through:

- Satisfaction questionnaires
- Analysis of complaints
- Internal audits [13]

The Quality Plan is subject to periodic monitoring and updating, with the aim of:

- Improving services
- Responding to user needs
- Guaranteeing transparency and reliability

5. RIGHTS AND DUTIES OF USERS

5.1 Rights

Users have the right to:

- Receive adequate health services compliant with current legislation;
- Be informed in a clear and complete manner about diagnosis, therapies, and services provided;
- Be treated with respect, dignity, and without discrimination;
- Have privacy, confidentiality, and security guaranteed during services;
- Know the healthcare staff and access services transparently;
- Benefit from environments that are suitable from a hygienic-sanitary perspective;
- Request changes to appointments, compatibly with the organization of the service;
- Submit suggestions or complaints.

5.2 Duties

Users are invited to:

- Maintain responsible and respectful behavior toward staff and other users;
- Collaborate with operators and adhere to therapeutic indications;
- Respect environments, schedules, and hygienic-sanitary rules;
- Provide correct information about their health status and ongoing therapies.

6. PROTECTION MECHANISMS

The Center guarantees user protection through:

- Collection and management of reports and complaints;
- Two levels of protection: first level at the Public Relations Office (URP) and second level through review;
- Possibility to submit reports within 30 days, with a response within 30 days (unless extensions apply).

Users can submit reports or complaints using the appropriate form available at reception.

The Public Relations Office (URP):

- Manages reports and complaints;
- Provides answers to users;
- Promotes continuous improvement of service quality.

Complaints are classified by areas such as:

- Health services
- Comfort and hygiene
- Information
- Respect for dignity
- Functioning of services
- Suggestions and evaluations

7. PRIVACY

The processing of personal data takes place in compliance with current legislation regarding personal data protection.

8. COMFORT AND ACCESSIBILITY

The facility guarantees:

- Welcoming and safe environments
- Accessibility for people with disabilities
- Respect for privacy during services

9. ORGANIZATION

The Center is equipped with an organizational structure that guarantees the proper management of healthcare and administrative activities.

FOOTNOTES / ENDNOTES

- **[1]** "Principles on the provision of public services" of Law No. 241 of 1990. The directive identifies the principles to which the provision of public services must be progressively conformed, even if carried out under concession or through agreement. All Service Charter models must contain the fundamental principles established by the cited Directive.
- **[2]** Decree-Law May 12, 1995, No. 163, converted by Law July 11, 1995, No. 273, provided for the adoption, by all public service providers, including those operating under concession or agreement, of Service Charters based on "general reference schemes"; for the health sector, said reference scheme was adopted by DPCM of May 19, 1995, G.U. of May 31, 1995, supplement No. 65.
- **[3]** Particular attention has been guaranteed to persons with disabilities and those with walking difficulties thanks to the absence of architectural barriers and the availability of suitable restrooms. Centro L'angolotondo is, in fact, located on the ground floor of a building. The main entrance, directly on the street, is easily accessible by disabled patients. Inside the Center's premises, there are no obstacles and they are easily accessible even to those with walking difficulties. Corridors and rooms have been designed with widths suitable for mobility aids.
- **[4]** In the territory of the province of Fermo, in addition to Centro L'angolotondo, there are four other accredited outpatient structures dedicated to the "diagnosis and certification of SLD": two in the Municipality of Fermo ("L'isola che non c'è Greenland coop soc" and "Studio di neuropsicologia e psicologia clinica"), two in the municipality of Porto San Giorgio ("Cassiopea" and "Comunità di Capodarco di Fermo Centro ambulatoriale di riabilitazione").
- **[5]** Neuropsychiatric, psychiatric, pediatric, psychological, pedagogical-clinical, speech therapy, neuro-psychomotor.
- **[6]** Dyslexia, dysorthographia, dysgraphia, dyscalculia.
- **[7]** Cognitive disorders, deficits/disorders of non-verbal skills, deficits/disorders of motor coordination, ADHD–attention deficit hyperactivity disorder, memory difficulties.
- **[8]** See attached Annex 4, document 1.
- **[9]** See attached document 7.
- **[10]** See attached document 2.
- **[11]** See attached document 3.
- **[12]** See attached document 4.
- **[13]** The quality of services and processes is monitored and evaluated through the processing of a "Report on the state of implementation of the Quality Plan", as well as the "Satisfaction

Questionnaires Report" and the "Collection and Management of Complaints". The Quality Plan was developed and adopted by Centro L'angolotondo in 2017, reconfirmed in 2021 in compliance with the provisions of DGRM 1572/2019, reviewed together with this Service Charter (See Annex 4) and monitored through an annual "Implementation Status Report" until 2024, as it is no longer required by DGRM 1451/2024. It will however remain an indispensable integral part of the Service Charter and will represent, in coherence with the Mission and Vision assumed, a dutiful trace of commitment for the entire organization of Centro L'angolotondo.