Statement of Client Rights & Responsibilities

I, _____/_____

NAME **SIGNATURE**

UNDERSTAND THAT AS A CLIENT OF

_____

I HAVE THE FOLLOWING RIGHTS AND RESPONSIBILITIES

RIGHTS:

1. To be served without regard to age, gender, race, religion, national origin, sexual orientation, political affiliation or disability.
2. To services that are considerate and respectful.
3. To privacy. No information that would reveal my HIV status may be disclosed to anyone outside the agency without my informed, written consent as governed by local, state and federal laws.
4. To communicate about services in a language and format that is clear to me.
5. To be informed of all agency rules and regulations related to the provision of services.
6. To initiate a complaint about services and to be fully informed of the agency's grievance procedure.
7. To withdraw consent for services and/or seek services at another agency without pressure or intimidation.
8. To know the qualifications of all staff providing services to me.

RESPONSIBILITIES:

1. To participate in the development and implementation of service/ treatment plans to the extent that I am able.
2. To inform agency staff when I do not understand instructions or information received.
3. To keep scheduled appointments and to notify agency staff when I need to cancel or reschedule.
4. To follow through with agreed upon activities and to notify agency staff when I am unable to do so.
5. To notify your case manager of services that you have obtained independently.
6. To keep your case manager informed about the quality, appropriateness and timeliness of services that you are receiving.
7. To communicate my needs to agency staff as quickly as possible, understanding that they may not be able to satisfy all requests.
8. To conduct myself appropriately when interacting with persons involved in providing services. (Inappropriate behavior includes, but is not limited to, intoxication, threats, harassment and physical or verbal abuse).