

Client Rights & Responsibilities

My Rights as a Client of InterAct Include:

1. The right to receive services regardless of my race, religion, color, ethnic origin, national origin, the county of origin, marital status, sexual orientation, immigration status, spoken language, disability or age.
2. The right to have all of my records kept confidential. Confidentiality means the Program staff will not tell anyone that I am a client or have been a client unless required by law. Disclosure could occur when and if I sign a Release of Information form.
 - There are two instances in which InterAct is required by law to release information:
 1. If there is suspected or obvious child abuse
 2. If there is suspected or obvious elder abuse
 - If these instances arise, we will inform you of the actions necessary to maintain your safety, the safety of others, and to uphold the law.
3. The right to revoke a signed Release of Information form. A revocation must be done in writing and will be placed in my client file.
4. The right to meet with staff in a private space.
5. The right to make my own decisions. I have the right to accept or reject staff recommendations or services.
6. The right to participate in the development of my service plan. I have the right to be informed of staff's ideas and plans for assisting me and/or my children. I have the right to be informed of how InterAct may be beneficial for me and/or my children.
7. The right to refuse to take part in any special projects that may occur such as research, film, fundraising, television, radio and interviews with media. My refusal will not affect the services offered to me.
8. The right to have all policies, procedures, rights, responsibilities and other necessary information explained to me in an understanding manner.

I understand that as a client my responsibilities include:

1. The responsibility to respect the privacy and confidentiality of all other clients and staff members of InterAct.
2. The responsibility to respect InterAct as a non-violent, safe location. I will take part in services in a non-violent manner.
3. The responsibility to keep the appointments I make or call at least 24 hours in advance to cancel them.
4. The responsibility to work toward the mutually agreed upon goals established in my service plan.

Please sign below to indicate that you have read and understand the above confidentiality statement as well as your responsibilities as a recipient of InterAct services.

Client Name: (please print first and last name) _____

Client Signature: _____

Date: _____