

Gilead Community Services, Inc.  
**Client Rights & Responsibilities Agreement**  
(For Clients in DMHAS funded programs)

Your Rights as a Client

Individuals receiving services from Gilead Community Services, Inc. are entitled to the following rights:

- Equal, Humane, and Dignified Treatment: You have the right to receive equal treatment regardless of race, creed, national origin, language, gender, sexual orientation, marital status, or physical disability. You have the right to be treated in a humane and dignified way at all times, and with full respect to your personal dignity, right to privacy, right to personal property, & civil rights. You have the right to freedom from physical or mental abuse, neglect, exploitation, or harm.
- Treatment Planning: You have the right to a written treatment plan which is developed with your input & participation. You have the right to a copy of this written treatment plan. You also may request a review of the treatment plan at any time to answer concerns regarding its adequacy or effectiveness.
- Privacy, Confidentiality, & Informed Consent: You have the right to privacy & confidentiality. You have the right to expect that discussions involving your care will not occur within hearing of others not involved in your care. Any information or written records that would identify you, your diagnosis, or manner of treatment cannot be disclosed outside of Gilead Community Services, Inc. without your informed written consent, except where explicitly allowed by law.
- Visiting and Communications Rights: You have the right to visit with & have private conversations with clergy, attorneys or paralegals of your choice at any reasonable hour. You may send & receive mail, telephone calls, or other communications and these cannot be intercepted, read, or censored. If you reside in a group home, you may receive visitors at any reasonable hour within designated areas. Any exceptions to rights regarding communications must be explained in writing, signed by the Executive Director, and made part of your clinical record.
- Access to your Medical Record: You or your legal conservator/guardian have the right, upon written request & following designated protocol, to inspect your treatment records. Gilead Community Services, Inc. may refuse to disclose any portion of your records which Gilead Community Services, Inc. has determined would create a substantial risk that you would inflict a life threatening injury to yourself or others, experience a severe deterioration in mental state, or would constitute an invasion of privacy of another.
- Denial of Employment, Housing, etc.: You cannot be denied employment, housing, civil service rank, any license or permit, or any other civil or legal right, solely because of a present or past history of a mental disorder, unless otherwise permitted by federal/state statute.
- Changes, Additions, or Refusals of Treatment or Services: You have the right to ask for changes in or additions to your treatment, services, assigned staff, programs (including concurrent services), or medication. You also have the right to refuse treatment, services, assigned staff, programs (including concurrent services), or medication.
- Filing of Complaints or Grievances: You have the right to file a complaint or grievance if the staff or agency has:  
[1] violated a right provided by statute, regulation, or policy; [2] treated you in an arbitrary or unreasonable manner; [3] denied you services authorized by a treatment plan due to negligence, discrimination, or other improper reasons; [4] engaged in coercion to improperly limit your treatment choices; [5] unreasonably failed to intervene when your rights have been jeopardized in a setting controlled by this agency; or [6] failed to treat you in a humane or dignified manner.
- Other Rights: You may also be entitled to additional rights (granted by either federal/state statute, regulations, or policies) not identified in this list. You are encouraged to seek counsel to learn about or better understand these laws & policies.

Your Responsibilities as a Client

- You are responsible for providing, to the best of your knowledge, accurate and complete information about problems, past treatment, medications, and other issues pertinent to your physical & mental health. You are also responsible for reporting any changes in your condition to staff responsible for your care.
- You are responsible for following the treatment plan that you participated in developing (as outlined above). You and staff will work together to achieve treatment goals.
- You are responsible for making every effort to keep scheduled appointments.
- You are responsible for following the rules and directions provided by staff with regard to safe and respectful behavior within the facility. Verbal or physical intimidation or force is prohibited. Alcohol, non-prescribed drugs, and weapons are also prohibited on the agency's premises.
- You are expected to respect the rights of other clients, families, and all agency staff.

I, \_\_\_\_\_ (print name), have read and/or discussed the above rights & responsibilities with staff, was offered a written copy, and fully understand and agree to them.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Conservator Signature: \_\_\_\_\_  
(If Applicable)

Date: \_\_\_\_\_