



Client Rights Statement

1. I have chosen to receive services from The Salvation Army of Dane County.
2. My choice to receive services is voluntary and I understand that I may terminate my stay and/or services at any time.
3. Available services will be offered without discrimination to those in need and in accordance with agency policy and procedure.
4. I understand that there is no assurance that my situation will improve.
5. (If applicable) Case management is a cooperative effort between me and my case manager. I will work with my Case Manager in a cooperative manner to remove my barriers to housing.
6. I understand that records and information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information.
7. I understand that the state and local laws require my case manager/shelter staff to report all cases in which there exists a danger to self or others, including child and/or elder abuse.
8. I understand that there may be other circumstances in which the law may require my case manager/shelter staff to disclose confidential information (i.e. subpoena).
9. I have the right to review my records with sufficient notice for as long as The Salvation Army retains my record. I am entitled to a copy of my records and may be charged a fee for copying/mailling.
10. I have read and had explained to me the basic rights of individuals who receive services from The Salvation Army of Dane County. These rights include:
 - The right to be informed of the various steps and activities involved in receiving services.
 - The right to confidentiality under federal and state laws relating to the receipt of services.
 - The right to humane care and protection from harm, abuse, or neglect.
 - The right to make an informed decision whether to accept or refuse services.
 - The right to contact and consult with counsel at my expense.

I understand that, with my consent, my case manager, shelter staff, Salvation Army representatives, and other coordinating agencies may exchange any and all information pertaining to my treatment plan, to the extent such disclosure is necessary for case management, coordination of treatment, quality assurance or utilization review purposes. I understand that I can revoke my consent at any time except to the extent that services have already been received, or the action has been taken in reliance on this consent. If I do not revoke this consent, it will expire automatically in one year.

I have read or been read to, and understand the above.

Client Name _____

Client Signature _____

Date _____