

Client Rights and Responsibilities Adoption Services

AS A CLIENT AT SUNNY RIDGE FAMILY CENTER, YOU HAVE THE RIGHT TO:

- Participate in decisions regarding services provided to you and make informed decisions about using the services.
- Receive courteous, professional and confidential services without discrimination or coercion.
- Know the qualifications of the staff that provide to you professional services.
- Be kept informed of changes in Sunny Ridge Family Center policies in a timely fashion.
- Be kept informed of charges for services and any changes in a timely fashion.
- To refuse recommended services and/or referrals and be informed of the consequences of such actions.
- Be involved in the development of goals for you and your family.
- File a grievance or complaint as outline in "Consumer/Client Complaint Policy/Procedure".
- Know Sunny Ridge hours of operation and when services are available to you, and how to contact the agency in the event of an emergency.

YOU HAVE THE RESPONSIBILITY TO:

- Provide accurate and truthful information to Sunny Ridge Family Center.
- Notify Sunny Ridge Family Center of any significant life change such as changes in health, financial, marital or legal status.
- Inform the staff immediately if you have any concerns or problems with services.
- Work with staff regarding your mutually agreed upon goals.
- Keep appointments as scheduled or notify the office in a timely fashion.
- Honor financial commitments to the agency.
- Conduct yourself in a courteous manner.

Each client and the SRFC caseworker should initial each acknowledgement listed below

Client Client SRFC

_____ I acknowledge that I have received and reviewed a copy of the *Client Rights and Responsibilities* document.

_____ I acknowledge that Sunny Ridge Family Center staff has a responsibility to breach confidentiality if a client or other identifiable person is in clear or imminent danger.

_____ I acknowledge that I have received written information regarding the Consumer/Client Complaint Policy and Procedure during the intake process.

_____ I acknowledge that if I fail to disclose information or in any way place the agency and its interests at risk, Sunny Ridge Family Center retains the right to terminate the home study or adoption process without providing any refund. The Vice President for Program Services retains the right to assess individual cases and determine refunds for atypical cases.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Sunny Ridge Family Center: _____ Date: _____

We may wish to contact you for follow-up information as part of agency **program evaluation and quality assurance. This usually constitutes client satisfaction surveys. If I decline to be included, this will not impact services received.**

Yes, you may contact me.

No, please do not contact me.

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