



## Adult Day Services Participant Bill of Rights

***As a participant of Adult Day Services, you have the following rights:***

- You will have a Signal Centers staff member talk with you about your enrollment in the program. They will explain your rights and responsibilities and inform you of all the rules that are expected of you as a participant in Adult Day Services.
- You will have considerate and respectful care from Signal Centers staff and anyone else that we may work with during your enrollment in Adult Day Services.
- You will not be discriminated against, based on your race, ethnicity, national origin, religion, sex, age, mental or physical disability, or source of payment.
- You will be respected as an adult and will be treated with dignity and we will respect your right to personal privacy.
- You will be cared for with sincerity, interest, and concern and care will be provided in clean, safe, and secure surroundings.
- You will not be abused physically or mentally. Staff will not neglect you and we will not restrain you for the purpose of discipline or convenience.
- You will be able to use the telephone when / if you need to and we will not stop you from communicating with others.
- You will be encouraged to participate in activities and allow you to decide whether to participate or not. Staff will provide any needed accommodations to allow you to participate in the program as independently as possible.
- You can help in developing and fulfilling your program plan of services.
- You will be able to talk confidentially with those staff who provide services for you. They will not share any of your personal information. All information that you provide to Adult Day Services will remain confidential.
- Staff will ask your permission before giving out any information about you to persons not legally allowed to receive it. You can tell us how much information a person can have and who you want the records to go to. You can look at your own record and may ask for added changes to be made.

***I am aware of and understand my rights and responsibilities as explained in this document.***

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Participant / Responsible Party Signature

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Date