



# Consent for Services and Person Served Rights

I am consenting to services for: \_\_\_\_\_ from \_\_\_\_\_  
Name of Person Served Program Name

Encompass Community Services is a provider of behavioral health, family and social well-being, early childhood education, housing and other services.

Everyone at Encompass has the right to be treated with respect and dignity. You also have the right to:

- Equal consideration, regardless of sex, gender, race, religion, age, sexual orientation, national origin, and mental, physical, or other disability.
- Freedom from abuse, financial or other exploitation, retaliation, humiliation, and neglect.
- Religious freedom and practice.
- Privacy and confidentiality. Encompass staff adhere to confidentiality guidelines that comply with State and Federal requirements. Exceptions to disclosing protected health information are summarized in the *Notice of Privacy Practices* and include, but are not limited to, information related to reasonable suspicion of child abuse or neglect or elder or dependent adult abuse or neglect and information related to a threat of harm to yourself or to others.
- Request information about the services you receive from different programs, so you can make thoughtful decisions about your care.
- Make a written request to review your file.
- Withdraw and/or refuse treatment. Your participation is voluntary.
- Request a change of provider or service delivery staff.
- Request information about legal services, self-help support, and advocacy support services.

Along with your rights, come your responsibilities, which include:

- Collaborating and cooperating with program staff, while developing and working towards your personal goals.
- Arriving on time for scheduled appointments and keeping regular attendance at activities/sessions.
- Informing staff as soon as possible if you cannot keep your appointment.
- Treating others with respect and dignity and refraining from hostile, violent, threatening, or intimidating behavior.

**By signing, I acknowledge that I was provided information about *How to File a Grievance*, *Notice of Privacy Practices*, and the *Encompass Person Served Handbook* (if applicable). By signing, I acknowledge that I have read the above information, was offered a copy of this form, agree to accept services, and agree to follow-up with the responsibilities listed above.**

---

\_\_\_\_\_  
PERSON SERVED (Sign) (Date)

\_\_\_\_\_  
PERSON SERVED (Print)

\_\_\_\_\_  
PARENT/GUARDIAN (Sign) (Date)

\_\_\_\_\_  
PARENT/GUARDIAN (Print)

\_\_\_\_\_  
STAFF (Sign) (Date)

\_\_\_\_\_  
STAFF (Print)

---