COMMUNITY SUPPORT SERVICES

CLIENTS' RIGHTS AND RESPONSIBILITIES

Welcome to Community Support Services

■ Welcome to Community Support Services. We recognize that you are here because you feel support will be helpful in meeting a particular goal or need and we hope to be of some assistance to you. The decision to seek support may have been a difficult one and we commend you.

What Can I Expect from Community Support Services?

■ First, we will listen to what you need from our services and, from our knowledge and experience, work together on how your needs may best be met. This may mean support is offered by our Program or a combination of services from other community agencies may be necessary. Secondly, you will receive support by qualified professionals who are experienced and trained to assist you with your issues. If deemed ineligible, you will be referred to other appropriate services in the community.

What Does Community Support Services Expect from Me?

■ We ask that you come for your appointments on time, and that you call to cancel at least twenty-four (24) hours in advance if you plan not to attend. There is no fee for receiving services from this Program as we are funded by the Ministry of Community and Social Services.

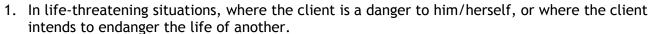
What If I Don't Like the Case Manager or the Support I am Receiving?

■ You have the right to file a complaint in writing about the services rendered by the agency, or to appeal a decision you consider unsatisfactory. Further information regarding our appeal process is available from our staff.

What about Confidentiality?

- All information that you provide to us is kept strictly confidential and is protected in accordance with the Canada Personal Information Protection and Electronic Documents Act (PIPEDA). We will not release any information regarding your file without obtaining your written authorization or unless required by law. This includes personal information as defined in PIPEDA. By signing this document you consent to the collection of your personal information for use by the Agency to help in the assessment of your situation and other administrative purposes including filing and record keeping.
- We are bound by law and by our ethical code to maintain strict confidentiality. We cannot share information about you or the support you receive unless you give us a separate written permission to do so (to either designated individuals or organizations).

However, we can break the seal of confidentiality in three extreme situations:



- 2. If we become aware of any form of child abuse, we are required to report it to the authorities.
- 3. If the worker learns that there is alleged, witnessed or suspected abuse of any kind, of a client that may constitute a criminal offence, this will be reported to the police. (Your Case Manager/Planner will review with you what abuse is (refer to documents attached for more information.)
- 4. If a file is subpoenaed.

Consent

■ Your personal information may, from time to time, be delivered to third parties as part of the assessment and planning process. By signing this form you acknowledge that you have been advised that in such a case the Agency will request that you sign a separate consent that outlined the purpose for passing your information along to another agency or individual.

What About Fees?

- Community Support Services provides government funded services therefore there are no fees. The Program receives its funding from the Ministry of Community and Social Services and is legislated by the 'Services and Supports to Promote the Social Inclusion of Person with Developmental Disabilities Act', 2008.
- Community Support Services is available Monday through Friday, 8:30 a.m. to 4:30 p.m. The office will close from 12:00 to 1:00 p.m. for lunch. We are not an emergency service therefore, any crisis or emergency situation that requires support after hours, you may contact Community Connections at 1-866-996-0991 or 911 if you are in immediate danger.

I/We acknowledge receipt of this information sheet and affirm/agree to disclosing my/our personal information for the purposes of the agency files.

I also understand that my personal information may be disclosed to others as members of an Accreditation Review Team and/or Ministry representatives for purposes of conducting a review as part of the Agency's quality assurance processes.

After signing this document, the Case Manager will provide a copy for you and the original is placed in the client file.

This form along with the Abuse Orientation is to be reviewed (and signed) annually with the client.

Name	Date
Witness	Date