



WYOMING DEPARTMENT OF HEALTH HIV SERVICES PROGRAM RIGHTS AND RESPONSIBILITIES

As a participant in Wyoming's HIV Services Program, you have the *RIGHT*:

- To be treated at all times with respect, dignity, consideration, and compassion.
- To receive services free of discrimination on the basis of age, race, color, ethnicity, sex, gender identity, gender expression, sexual orientation, religion, class, socioeconomic status, and physical or mental ability.
- To actively participate in creating a plan for your care, treatment, and case management.
- To be accurately informed about services and options available to you.
- To reach an agreement with your case manager about the frequency of contact you will have either in person or by telephone. Must be at least twice per year.
- To have your medical records and case management records treated confidentially.
- To file a grievance about services you are receiving or denial of services.
- To voluntarily withdraw at any time from the HIV Services Program.

As a participant in Wyoming's HIV Services Program, you have the *RESPONSIBILITY*:

- To treat your case manager, program staff, and your medical providers with respect and courtesy, and to deal with them honestly and openly.
- To participate as much as you are able in creating a plan for your care, services, and case management. To let your case manager know as soon as possible any concerns you have about your case management or treatment.
- To make and keep appointments to the best of your ability, and to phone ahead to cancel or change appointments you are unable to keep.
- To stay in regular communication with your case manager by informing him or her of changes in your address or phone number, and by responding to the case manager's calls or letters to the best of your ability.
- To not subject case managers, program staff, or your medical providers to physical, sexual, verbal and/or emotional abuse or threats.

I hereby acknowledge that I have been provided a written copy of this document, and that I have been given an opportunity to discuss any questions I have about my Rights and my Responsibilities.

CLIENT SIGNATURE: _____

CASE MANAGER SIGNATURE: _____

DATE: _____