HUA LA PAI ELDERLY SERVICES
Client Rights & Responsibilities and Release of Information
for Older Americans Act Programs

The Hualapai Elderly Services welcomes you to our programs, made available to you through the Older Americans Act of 1965. These programs and a variety of services are administered by the Hualapai Tribe with funding provided through the Administration of Community Living, Inter-Tribal Council of Arizona, Department Economic Security, client contributions and local funding.

Programs and services are designed for people who age 55 or older, their family members, and other caregivers. Our goal is to help older people lead independent, meaningful and dignified lives in their own homes and communities as long as possible. Our program supports that goal by providing limited support services and by assisting you in finding answers when you want help. Your information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

Release of Information:
Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by the Hualapai Elderly Services and their funding agencies. All of your information will be kept confidential and guarded against unofficial use.

Client rights and responsibilities:
1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.
2. You may not be denied services on the basis of race, religion (creed), color, national origin, age, gender, gender expression, sexual orientation, disability, marital status, or inability and/or unwillingness to contribute.
3. You have the right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. To make a complaint or grievance contact the HES Director. Contact information is identified below:

<table>
<thead>
<tr>
<th>Service Provider Information</th>
<th>Area Agency on Aging Information</th>
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<tbody>
<tr>
<td>Hualapai Elderly Program</td>
<td>587 Canyon View Drive P.O. Box 179 Peach Springs, AZ 86434 (928)-769-2375</td>
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<tr>
<td>Inter-Tribal Council on Aging</td>
<td>Area Agency on Aging Region 8 C/O Senior Services Director 2214 North Central Ave Phoenix, AZ 85004 928-258-4822</td>
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Hualapai Elderly Services

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4. You have the right to participate in the development of a care plan to address unmet needs (If Applicable).

5. You have the right to be informed in writing of available services and the applicable charges if the services are not covered or are unavailable by Medicare, Medicaid, health insurance, or Older Americans Act funding (If Applicable).

6. You have the right to make an independent choice of service providers from the list furnished by the HES where multiple service providers are available, and change service providers when desired (If Applicable).

7. You have the right to be informed of any change in service(s).

8. You have the right to make a voluntary, confidential, contribution for services received through the HES. Services will not be denied if you are unable or choose not to make a contribution. All contributions are confidential and are used only to expand or enhance the service(s) for which a contribution was provided.

9. You have the responsibility to inform the Area Agency on Aging or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when you will not be using services.

10. You have the responsibility to provide the Area Agency on Aging or its services provider(s) with complete and accurate information.

I hold harmless the Hualapai Elderly Services, the Hualapai Tribe, its funders, and the sponsoring agencies for any liability arising out of the services provided in accordance with program guidelines.

__________________________________________  _______________________
Print Client Name               Date

__________________________________________
Client Signature