

**RIGHTS AND RESPONSIBILITIES**  
**For Persons Using Services from Disability Services**  
**Southern Polytechnic State University**

**CLIENT RIGHTS**

**Confidentially**

You have a right to understand that the provision of services may involve SPSU DS staff disclosing disability information provided by the student with appropriate university personnel participating in the accommodating process. We will disclose information about **you only with your written permission** or under extreme circumstances.

**Respect**

Your counselor will convey respect by treating you as an individual and by giving you undivided attention during your appointments.

**Quality Service**

Our staff engages in consultations with one another as a quality check of their service. This is deemed to be in the best interest of the counselor-client relationship.

**CLIENT RESPONSIBILITIES**

**Keeping Appointments**

This will enable you and your counselor to make full use of your time. If you need to reschedule, please telephone in advance.

**Evaluation**

It is essential that we evaluate the job we are doing. Periodically, we will ask you to complete a brief form to evaluate the service you have received. You are asked to agree that you will talk the time to fill out and return the form.

I understand and agree with the above rights and responsibilities.

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Signature

date

*As the Americans with Disabilities Act mandates, all documentation must be provided to Disability Services in order for accommodations to be provided.*

Georgia Rehabilitation Services:

Current client?	Yes	No	Application in progress?	Yes	No
Denied?	Yes	No	Chose not to Apply?	Yes	No

Case closed?	Yes	No	Unfamiliar with?	Yes	No
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If current client, what if your counselor's name? \_\_\_\_\_

Phone: \_\_\_\_\_

Do you use any of the following (please circle the one(s) that apply):

Wheelchair                  Dog                  Cane

Are you taking any prescribed medication (disability related)?      Yes      No

If yes, please specify: \_\_\_\_\_

Medical term for your disability: \_\_\_\_\_

In your own words, please describe your disability and how it impacts your education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list what services you are interested in obtaining from Disability Services:

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

Your signature: \_\_\_\_\_

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