



Exceptional Family Member Program Marine Corps Recruit Depot

Customer Rights and Responsibilities

Marine and Family Programs is committed to providing high quality programs, continuity of care and **“World Class Customer Service”** to all military members and their families. We strive to make every part of your experience as informative and as pleasant as possible. As a customer your rights and responsibilities include:

The Rights to:

- Receive quality care and assistance within the limits of services.
- Be treated with dignity and respect regardless of race, culture, sex, age, disability, creed, socio- economic status, marital status, and military status.
- Be informed of services offered by the program(s) you utilize and how information obtained will be safeguarded in respect of confidentiality as permitted by law.
- Be informed of service provider’s qualifications to include experience, education, certification(s) and state licensure when accessing clinical counseling services.
- Be informed of privacy limitation, mandated reporting and duty to warn.
- Voluntarily participate in programs and refuse assistance unless required by Marine Corps Agency.
- Request access and /or copies of personal records.
- Communicate and practice religious and spiritual beliefs, as desired.
- Lodge an Interactive Customer Evaluation (ICE) comment regarding experience with Marine and Family Programs services.

ICE Link: http://ice.disa.mil/index.cfm?fa=site&site_id=494

The Responsibility to:

- Be honest and direct with service provider(s) to ensure that appropriate services and/or referrals are provided.
- Treat staff with dignity and respect and adhere to base standards of dress code when accessing services.
- Keep scheduled appointment(s) or provide proper notification of any cancellation.
- Actively participate with service planning and follow-through with goals (if applicable).
- Adhere to installation policies prohibiting smoking and/or alcohol use while accessing services and in the building where service occur.



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STATEMENT OF UNDERSTANDING

I have been advised of my client rights statuses, rules and policies and have a clear understanding of my participation and services provided by the Exceptional Family Member Program.

Client's Name (print)

Date

Client's Signature

Case Worker's Signature