

Wellness Center West Social Agreements

Member Rights

- You have the right to protection from harm.
- You have the right to accept or deny our services.
- You have the right to be treated with dignity and respect.
- You have the right to participate in designing a plan to meet your needs.
- You have the right that your information will be kept private.

Social Agreements

- While at the Wellness Center West, I will participate in a group or activity.
- I will respect the environment by keeping the Wellness Center West clean and useable for all by consuming food and/or beverages in designated areas only.
- I understand that person-to-person solicitation for personal financial gain is not allowed at the center unless it's previously approved by MAB and the management at the Wellness Center.
- I will smoke in the designated smoking area only.
- I will always wear appropriate attire while at the center.
- I will take full responsibility for my belongings.
 - o Personal belongings should be left at home whenever possible. Members may be asked to leave personal belongings in their vehicle.
 - o Wallets and/or purses containing personal identification should remain with the member at all times.
- I will be respectful of those who share my community, which includes:
 - o Not engaging in verbally or physically aggressive behavior.
 - o Not bullying members and/or staff verbally, physically or electronically.
 - o Not engaging in any sort of harassment including sexual harassment.
- In compliance with the Good Neighbor Policy, I will conduct myself in a manner that is not disruptive or disturbing the neighborhood.
- I will not bring items onto the Wellness Center West premises that may compromise my safety or the safety of others.
 - o Weapons of any kind (knives, guns, pepper spray, tasers, etc.) are not permitted on the Wellness Center premises.
 - o Drugs, alcohol and paraphernalia are NOT permitted on the Wellness Center West premises.
- I will follow Wellness Center's policies and procedures to reduce the spread of COVID-19.
 - o I will complete the COVID-19 Screening Tool and have my temperature taken prior to entering the Center.
 - o I will practice physical distancing by remaining at least 6ft apart from others.
 - o I will wear a facial covering while inside the Center and outside in shared/common areas.
 - o I will practice regularly washing my hands and/or using hand sanitizer.
- I will be aware of my surroundings when discussing topics associated with my protected health information.
- While at the Wellness Center West I will respect and follow all group rules.
 - o I will be respectful of others wanting to use the **Computer Lab**. I will not stay on the computer for more than 30 minutes at a time.
 - o I will be respectful of others while using games in the **Community Area**. I will respect the condition of the room and its contents. I will communicate with a Peer Mentor any need or concerns and will be mindful of others who also want to participate. I will ask to set up all electronic games.
 - o I will be respectful of the serenity of others and will help keep noise and distractions to a minimum while in the **Serenity Room**.

Date of Tour: _____ Name of staff: _____ ID # _____

- I will follow all rules while on social outings with the Wellness Center West.
 - o Before being transported in any vehicle, all personal belongings will be placed in the trunk of the vehicle.
 - o No distraction of the driver will be permitted while the car is in motion.
 - o Smoking is not permitted in any vehicle.
 - o Drugs, alcohol and paraphernalia are not permitted in any part of the vehicle.
 - o If the van driver suspects a member has been using alcohol or drugs, he/she reserves the right to refuse transportation.
 - o I will always wear appropriate attire while on social outings with Wellness Center West.
 - o Weapons of any kind (knives, guns, pepper spray, tasers, etc.) are not permitted in any vehicle.

Member Compliance

By signing this agreement, I agree to abide by the rules of the Wellness Center West. If I am suspected of breaking one or more of the Wellness Center West rules, the Program Director and/or Assistant Program Director will hold a meeting with staff to determine the appropriate course of action. I am aware that I may be exited from Wellness Center West for a length of time to be determined by the Program Director or Assistant Program Director, and the duration of the exit will depend on the severity of the incident. I understand that if I am exited from Wellness Center West for a period of time due to not following this Social Agreement, I am also exited from all other Wellness Center locations for that period of time; my exit information will be shared with Wellness Center Central and Wellness Center South. Please refer to the attached *Guidelines for Exiting Members* for more information.

Name _____ Date _____
(Please print clearly)

Signature _____