

Acknowledgement of Receipt of Notice of Privacy Practices



Staff at Intake

Name of Consumer (Print) _____

Center For People With Disabilities reserves the right to modify the privacy practices outlined in the notice.

Acknowledgement of Receipt. I have received a copy of the *Notice of Privacy Practices* including the *Consumer Grievance Procedure* for the Center For People With Disabilities.

I know I have a right to develop an **Independent Living Plan:**

- I would like to develop an Independent Living Plan today.
- I would like to waive my right to an Independent Living Plan knowing that I may develop a plan any time in the future.

(Signature of Consumer)

(Date)