



## Center for People with Disabilities

1675 Range Street  
Boulder, CO 80301

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Longmont, CO 80501

(303) 442-8662 phone/tty

(303) 442-0502

[www.cpwd-ilc.org](http://www.cpwd-ilc.org)

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### **Acknowledgement of Receipt of Notice of Privacy Practices**

**Date** \_\_\_\_\_

**Name (Print)** \_\_\_\_\_

#### **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:*

- But I don't want to work on that today, knowing I may develop a plan any time in the future.
  
- I would like to develop goals for an Independent Living Plan today.

**Setting my Goal:**

*Specifically what I would like to accomplish:*

*Challenges I may face and steps I can take to accomplish my goal:*

*A timeline for success: (think about adding a review date before your target date)*

**My signature acknowledges my acceptance the CPWD Privacy Policy, Grievance Procedure, right to the Client Assistance Program – CAP and if specified: my Independent Living Plan to accomplish my goals.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)