



Center for People with Disabilities

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Boulder, CO 80301

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Longmont, CO 80501

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(303) 442-0502

www.cpwd-ilc.org

PF - 2000

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)