



Recipient Rights Notification Form

I have been informed of my civil rights, treatment rights, and personal rights which were reviewed by

_____ on _____. These rights are
 (Name of Staff Member) (Date)

guaranteed by the Michigan Mental Health Code and the constitutions of Michigan and the United States. I have received a rights pamphlets summarizing Chapter 7 of the Michigan Mental Health Code. I have been provided an opportunity to ask questions and have these rights further explained to me.

- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect
- my ability to obtain supports and services from Residential Opportunities, Inc.
- I understand that I may withdraw my authorization at any time. I understand also that such withdrawal of my authorization may not be effective to prevent disclosure of information previously authorized or to stop previous action that has been taken in reliance on this authorization.
- My signature means that I have read this form and/or have had it read to me and explained in language I can understand. I know what information will be disclosed and give my voluntary consent to its release.
- My signature means that, if I am not signing for myself, I have the legal authorization to sign for the identified individual. My signature confirms that I am the legal representative/guardian for the identified individual.

SIGNATURE OF • PARENT; • GUARDIAN/LEGAL REPRESENTATIVE --- PLEASE CHECK **** DATE OF SIGNATURE

SIGNATURE OF WITNESS ****DATE OF SIGNATURE

***THIS AUTHORIZATION WILL EXPIRE ONCE THE PURPOSE FOR THIS DISCLOSURE CEASES TO EXIST, BUT NO LATER THAN ONE YEAR FROM THE ORIGINAL DATE OF SIGNING UNLESS REVOKED, IN WRITING, PRIOR TO EXPIRATION.

