



Service Recipient Rights

Person name: _____

Program name: _____

This packet contains information regarding your rights while receiving services and supports from this program, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

- I received the following information within five working days of when I started to receive services and every year after that.

1. A copy of my rights under the law, Minnesota Statutes, section 245D.04.

2. An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.

Date services were started: _____ Date I received this information: _____

- This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.
- If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand the program must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights? Yes (if yes, see rights restriction document) No

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health Minnesota Disability Law Center and Developmental Disabilities 430 1st Ave N, Suite 300

121 7th Place E, Suite 420 Minneapolis, MN 55401

Metro Square Building

Email: mndlc@mylegalaid.org

St. Paul, MN 55101 Website: <http://www.mndlc.org/>

Phone: (651) 7567-1800 or 1(800) 657-3506

Fax: (651) 797-1950

Website: www.ombudmhdd.state.mn.us

I want _____ (Legal Rep/Guardian) to help me exercise my rights. The program has this person's contact information in my record.

By signing this document I am agreeing that I have read and understand the boxes I checked above.

Person/Legal representative Date: _____