



ACKNOWLEDGMENT/RECEIPT OF
NOTICE OF CLIENT'S RIGHTS
You may refuse to sign this acknowledgement

I, _____, have been given a copy of Hope Therapeutic Services's client's rights. I have had a chance to ask questions about my rights.

We ask that you and/or your guardian/conservator sign this form to acknowledge you have received the Notice of Client's Rights. The information in the notice applies to all future contacts while you are receiving services at HTS. It applies to all contacts, which are in person, on the phone or by mail.

Client's Signature

Date

Guardian or Conservator if Required

Relationship to Client

Date

We attempted to obtain written acknowledgement of receipt of Client's Rights; however, signature could not be obtained because the individual refused to sign.

Staff Signature

Date