



## **RIGHTS AND RELEASES**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

1. I have received the Consumer Rights booklet, my rights have been explained to me and I understand them.
2. The Dispute Resolution process and Grievance Procedure have been explained to me and the Imagine! brochure on Dispute Resolution and Grievance Procedure has been given to me. I understand that I may exercise these procedures when I disagree with decisions regarding me or my dependent. I understand that I may request the assistance of my Case Manager (or my dependent's Case Manager) and/or that of an advocacy program to implement these procedures. I further understand that the use of the Dispute Resolution and/or the Grievance Procedure processes will not prejudice the future provision of appropriate services or supports.
3. I understand it is necessary to provide the Colorado Department of Institutions, Division for Developmental Disabilities, certain statistical information necessary to provide leadership and direction for improvement of the welfare of a developmentally disabled individuals in the State of Colorado and therefore authorize this agency to allow Division of Developmental Disabilities personnel to audit and collect the information from Imagine!

Upon signing this form I have agreed to the above statements as indicated. I understand that I can at any time question, and upon written request to Imagine! rescind my permission should I feel in any way that Imagine! and/or it's personnel have not acted completely in the most professional and discreet manner.

**This agreement will expire one year from the date of my signature.**

\_\_\_\_\_  
Signature of Consumer or Parent/Guardian/Authorized Representative Date

\_\_\_\_\_  
Relationship to Consumer Witness Signature

*SERVING BROOMFIELD AND BOULDER COUNTIES*  
1400 Dixon Avenue Lafayette, CO 80026  
Phone: (303) 665-7789 Fax: (303) 665-2648  
Web: [www.imaginecolorado.org](http://www.imaginecolorado.org)