



Individual: _____ Credible Service ID#: _____

Human Rights Notification:

_____ YES -The Notification of Rights, revised December 2022, has been reviewed with me and a copy provided.

_____ NO - Notification of Rights were read to me on this date and I am unable/unwilling to sign that I understand my rights.

Review of Human Rights Complaint-Dispute Resolution Process, please select which option applies:

_____ The MRCS Human Rights Complaint Resolution Protocol has been reviewed with me and a copy given to me.

_____ The MRCS Human Rights Complaint Resolution Protocol has been reviewed with me and I do not desire a copy of it at this time.

Review of Consent to Participate in Services, please select once reviewed with individual:

_____ I consent to treatment and participation in MRCS services. I will discuss any benefits and/or risks regarding services with my providers.

Individual Signature

Date

Legal Guardian / AR Signature

Date

Staff Signature

Date