

ACKNOWLEDGEMENT OF CONSUMER RIGHTS

The Department of Health, Developmental Disabilities Division's (DDD) case manager, _____, has provided me an overview of services provided by the DDD, including my rights and responsibilities under state and federal regulations.

- Services provided through the DDD
- Eligibility Criteria
- Medicaid Policy
- Confidentiality/Health Insurance Portability and Accountability Act (HIPAA)
- Rights and Responsibilities
- Grievance and Appeal procedures

ACKNOWLEDGEMENT: I have been informed of the above by the DDD Case Manager.
I have received copies of the following:

- Case Management Branch (CMB) brochure
- Home and Community Based Services for Persons with Developmental Disabilities and/or Intellectual Disabilities Waiver Program brochure
- DDD/ID Medicaid Waiver Providers in Hawaii handbook
- Consumer Directed Services
- Rights and responsibilities handbook
- Grievance and Appeals brochure
- Developmental Disabilities Division Consumer Services Office Brochure

Client Name (Print)

Legal Guardian/Designated Representative's
Name (Print)

Client Signature

Legal Guardian/Designated Representative's
Signature

Date

Date