

NOTIFICATION OF PERSON SERVED RIGHTS

Name of Person Served: _____ Record #: _____

I understand and agree to comply with G.S. 122C, Article 3, Person Served Rights Regulations developed by the NC Division of MH/DD/SA (APSM 95-2), and The Unique Caring Policies and Procedures concerning Person Served Rights.

I have been informed of Person Served rights statutes, rules and policies. I understand that failure to comply with these regulations could result in dismissal from employment with The Unique Caring and may result in legal consequences.

Initial Orientation:

Signature Person Served/Guardian

Date

Signature Witness

Date