



Individual Rights and Responsibilities

_____ I understand that a written record will be maintained regarding activities, goals, services and loans with LINC and that I can change my plan at any time. This information is private and is protected by HIPAA laws. I can ask for details about these laws at any time.

_____ This plan is about me, and **my** dreams and goals. I understand that reaching them will require active participation and cooperation. This includes the keeping of appointments, scheduled activities, keeping contact information up to date and any needed tasks that are part of my Independent Living Plan (ILP).

_____ I understand that a LINC staff member may close my file at any time including when I have not actively participated, for any illegal activities, or any threatened or real violence.

_____ I received a copy of Client Assistance Program (CAP) information for assistance in resolving any consumer issues or complaints.

_____ I will give my feedback on my services and training if given a satisfaction survey.

_____ I have the right to appeal any decision made by LINC by contacting the IL Director

_____ I know that I can request communications in an alternative format (Braille, Large Print, Captioning, Interpreting etc.)

_____ In the event you are unsatisfied with your services received from LINC, please contact the Director of Independent Living Innovation or Executive Director at (208) 336-3335.

_____ Date: _____
Signature of Consumer

_____ Date: _____
Signature of LINC Staff