YOU ARE ALSO REQUIRED TO FOLLOW CMHPSM RECIPIENT RIGHTS POLICIES, WHICH CAN BE FOUND IN THE AFFILIATION PROVIDER MANUAL AND ONLINE AT:

http://www.cmhpsm.org/policies

I HAVE READ THE ABOVE RECIPIENT RIGHTS ORIENTATION AND WILL CONTACT MY SUPERVISOR AND MY LOCAL RECIPIENT RIGHTS OFFICE WITH ANY QUESTIONS.

STAFF SIGNATURE	**DATE**
SUPERVISOR SIGNATURE	**DATE**