



Recipient Rights Policy Acknowledgement

ACKNOWLEDGEMENT OF REVIEW AND RECEIPT

Consumer Name: _____

Please review our Recipient Rights Policies and sign below.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED THE EXPERTCARE MANAGEMENT SERVICES RECIPIENT RIGHTS POLICIES AND HAVE BEEN GIVEN A COPY OF THEM.

Consumer or Legal Representative Signature **Date**

ExpertCare Signature **Date**