



Lifestyles for the Disabled, Inc.

930 Willowbrook Road, Bldg 12-G, Staten Island, NY 10314
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Date: _____

Verification of Receipt of Program Participant Handbook

By signature below, I verify that I have received a copy of Lifestyles for the Disabled, Inc.'s Program participant Handbook, which includes:

Policies and Procedures

HIPPA – Notice of Privacy Practices

Part 633.4 of NYS Codes, Rules and Regulations
Rights and responsibilities of persons receiving services

Part 633.9 of NYS Codes, Rules and Regulations
Follow-up activities subsequent to a reported allegation of abuse to persons receiving services.

Part 633.10 of NYS Codes, Rules and Regulations
Care and treatment.

Part 633.12 of NYS Codes, Rules and Regulations
Objection to services process.

OMR LIAB 05 Form – Liability Notice for Persons Applying for Services

Printed Name of the Program participant

Signature of Person or Personal Representative

Printed Name of Personal Representative

Description of Personal Representative's Authority