



INFORMED CONSENT RESPONSE SHEET

Rights restriction

Version date: Nov. 2025

Privacy statement:

DHHS is collecting this personal data in order to receive informed consent for a rights restriction. This data will only be used by DHHS and, if needed, by individuals or parties contracted with DHHS.

Instructions:

This document is optional and may be used by the support team to guide a conversation with the person about a proposed rights restriction. The person may sign and keep a copy of this form. A copy should also be included with the rights restriction documents in the person-centered support plan (PCSP).

Name of person served:

Service provider agency:

Setting address:

Type of services the restriction applies to:

This restriction: New Updated

Step 1: A member of your support team will explain why you may need a rights restriction. (Support team member, please write the explanation in the box below.)

I understand why I may need a restriction.

Step 2: A member of your support team will explain how you may have the restriction removed. (Support team member, please write the explanation in the box below.)

I understand how I may have the restriction removed.

Step 3: A member of your support team will describe how the restriction will affect your daily life. (Support team member, please write the description in the box below.)

I understand how the restriction will affect my daily life.

Step 4: A member of your support team will explain what giving consent for this rights modification means. (Support team member, please write the explanation in the box below.)

I understand what could happen if I agree to the restriction.

I understand what could happen if I don't agree to the restriction.

Step 5: Review these statements with your support team before you make a decision:

I can make changes if I want. My support team can help me.

I can ask questions about this form and get help from people I trust to make a decision. My support coordinator can help me. I can also get help from people at the Division of Services for People with Disabilities (DSPD).

- The DSPD Constituent Services Team: (DSPD@utah.gov or call 801-538-4091).
- The DSPD Community Inclusion Team (communityinclusionteam@utah.gov, or call 801-538-4200).

I can review this restriction whenever I want. My support team will review it at least yearly.

I can let my support coordinator, a trusted staff person, or a family member know if this rights restriction is not being enforced.

I have a choice in my services and who provides them. If I would like help with choosing my services, I can ask:

- My support coordinator
- My provider
- The DSPD Constituent Services Team (DSPD@utah.gov or call 801-538-4091).
- The DSPD Community Inclusion Team (communityinclusionteam@utah.gov, or call 801-538-4200).

I know that I can remove my consent for the restriction at any time. (See Remove Informed Consent Form.)

All the above statements were read or otherwise communicated to me. I have reviewed and understand the rights modification as it has been explained to me.

Yes, I give my consent to this rights restriction.

- This authorization expires on this date:
- This authorization will expire if the person changes providers

No, I do not give my consent to this rights restriction.

The support team can use the box below to document the process used for getting informed consent for this rights restriction.

Signature of person

Date

Guardian/other authorized legal representative signature
(if applicable)

Date

Service provider signature

Date

Support coordinator signature

Date