

REQUEST TO REMOVE INFORMED CONSENT FOR A RIGHTS RESTICTION

Rights restriction

Version date: Nov. 2025

Privacy statement: DHHS is collecting this personal data in order to remove 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 an optional form to be completed by the person and their support team. It is to help guide the conversation when a person wants to remove their consent for a rights restriction. It helps the person understand what could happen if they remove their consent and the rights restriction is no longer in place. This form is not to be used to end a restriction that the support team feels is no longer needed.

Note: A person may also remove their consent without filling out this form. It can be done verbally or by communicating in other ways that they do not want it.

Name of person served:

Service provider agency:

Setting address:

Rights restriction this applies to:

Before you begin: You have the right to get all of your questions and concerns answered. You can talk to people who help you make choices such as friends, family, and others. Your provider or support coordinator can help set up these conversations.

Step 1: Review the current Rights Restriction Informed Consent Response Sheet for this restriction. Rather than take away your consent for the rights restriction, you can also ask for changes. Your support coordinator and your provider can help if you want to make changes.

After talking about this restriction, do you still want to remove your consent?

Yes

No (If no, you can be done with this form.)

Step 2: Why don't you want this rights restriction any more?

Step 3: Your support coordinator or provider will explain what removing this rights restriction could mean. After talking about it with your support team, do you understand what could happen if you don't have this rights restriction in place anymore?

Yes

No

Write a little bit about the conversation here.

Step 4: How can you and others around you be free from harm without the rights restriction?

Step 5: Review these statements with your support team before you sign:

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 give my consent for the rights restriction again at any time.

By signing below, I show I understand what removing my consent for the rights restriction means for me.

Signature of person

Date

Guardian/other authorized legal representative
signature (if applicable)

Date

Service provider signature

Date

Support coordinator signature

Date