

RIGHTS RESTRICTION TEMPLATE

Rights restriction

Version date: April 2026

PRIVACY STATEMENT: DHHS is collecting this personal data in order to document and confirm consent to a rights restriction. This data will only be used by DHHS and, if needed, by individuals or parties contracted with DHHS. This data is part of record series 15376.

PURPOSE: The [Home and Community-Based Services \(HCBS\) Final Settings Rule](#) says that any restrictions placed on a person's rights must be clearly described. There must also be a good reason for the restriction. Use this form to write down any rights restrictions. Each of the prompts below must be answered fully. There must be enough information to show the need for a rights restriction. There is a place to record the consent of the person, as well as the people who support them. Use plain language to fill out each of the text boxes below.

PERSON IN SERVICES INFORMATION

Person in services name:

PID:

Annual review date:

Today's date:

Setting/provider address:

Person is a: Minor Adult

Guardianship status: No guardian Full guardianship Limited guardianship

RIGHTS RESTRICTION DOCUMENTATION

(Please use a separate form for each restriction)

Restriction type

Period review

Timeline:

Date of next review:

Specific individualized and assessed need: A rights restriction must be based on a full review of the person and their unique needs. As a reminder, the restriction cannot be a result of a restriction to someone else, or to make things easier for staff.

Positive and less intrusive intervention methods and supports used prior to the proposed restriction: *Positive interventions* observe, teach, and reinforce the behavior you want while discouraging the behavior you don't want. *Less intrusive interventions* protect the person's rights and well-being using the least restrictive method.

Clear description of how the restriction is proportionate to the assessed need: Restrictions must balance the rights of the person with their health and safety and the health and safety of the community. As the risk goes down or up, the restriction should change to match the need.

Outline assurances that interventions and supports will cause no harm to the individual: The restriction should support the person's well-being. It should not cause undue pain, injury, or distress to the person. Restrictions should not be used as a punishment.

Outline the data collection method(s) and timeline(s) to measure the ongoing effectiveness of the restriction: Describe how data will be taken on how the restriction is working. List the dates the restriction will be looked at with the support team to make sure it is still needed.

Describe how informed consent was reached: Outline the way you got the informed consent of the person. If the informed consent discussion was noted on a different form, add key details here. Here are links to an [informed consent form](#) and the [guidance document](#) you can use.

Consent

Note: If the person does not agree, teams should start the process over to find common ground. Reach out to the DSPD community inclusion team at communityinclusionteam@utah.gov for help and resources, if needed.

Signatures

By signing, all participants have read, understood, and agreed to the outlined terms of the rights restriction for the person. This agreement is made while considering the person's needs and possible impact of the restriction on their rights. The restriction is put in place because less intrusive measures have not worked. The participants agree that this decision is in the best interest of the person's health, safety, and well-being. The person may remove their consent or ask to have the restriction reviewed at any time.

Guardian signature, of applicable

Date:

Person in services signature

Date:

Support coordinator signature

Date:

Committee member signature

Date:

Committee member signature

Date: