Acknowledgment of Receipt

Required under Minnesota Statutes § 245D.04, subd. 1(a)(2) (signature or documented refusal), and § 245D.10, subd. 4(b) (distribution of required policies)

When to complete: At service initiation (within 5 working days), and again whenever a listed document is materially revised or reissued

This form confirms that you (the person served, or your legal representative) received a copy of, and had the chance to review and ask questions about, each document listed below. Happy Living Options LLC staff are available to explain any of these documents again at any time, and to provide them in another format or language if you need that to understand them.

Person served (print name): _____

Date packet provided: _____

Provided in alternative format / language (if applicable): _____

Documents Received

Received & Reviewed	Doc #	Document Title
☐	**245D-01**	Notice of Service Recipient Rights
☐	**245D-02**	Grievance and Complaint Procedure
☐	**245D-03**	Service Suspension & Termination Policy
☐	**245D-04**	Emergency Use of Manual Restraint Policy
☐	**245D-05**	Data Privacy Notice
☐	**ALL-01**	Notice of Privacy Practices (HIPAA)
☐	**ALL-02**	Your Right to Make Health Care Decisions
☐	**ALL-03**	Quick Reference: Who to Call

By signing below, I confirm that I received a copy of each document checked above, that it was explained to me, and that I understand I can ask questions about any of them — including how to file a complaint — at any time, without any negative effect on my services.

Person served or legal representative

Signature: _____

Printed name: _____

Relationship to person served (if not the person themselves): _____

Date: _____

Staff member who provided and reviewed this packet

Signature: _____

Printed name / title: _____

Date: _____

If unable or unwilling to sign

Minnesota law requires the agency to document when a person served (or legal representative) does not sign this acknowledgment. If that happens, staff complete the section below instead:

Reason unable/unwilling to sign: _____

Staff signature: _____

Staff printed name / title: _____

Date: _____

NOTE: This form is a compliance template, not legal advice. Confirm current signature/refusal-documentation requirements with DHS before use.