THE CENTER FOR LIFESPAN DEVELOPMENT

## NOTICE OF PATIENT RIGHTS

By signing below, I acknowledge that I have received the Notice of Patient Rights under HIPAA regulations and understand my rights and/or the rights of my child as a client of The Center for LifeSpan Development, Inc. I also understand the procedure should I wish to withdraw myself or my child at any time from the services being provided by the staff at The Center for LifeSpan Development, Inc.

Signature of Client / Parent Guardian

Date

Signature of Witness

Date

THE CENTER FOR LIFESPAN DEVELOPMENT
91 Wyman Street, Suite One • Waban, Massachusetts 02468 • (617) 969.7891 phone • (617) 969 7855 fax