

Consumer Rights and Responsibilities

You have the right to make a complaint verbally or in writing. If not satisfied with the services received at AIM, you have

You, the consumer, have the right to expect that your involvement with the center and its services will be kept confidential. You will be in control of any exchange of information, as directed by HIPPA. **Per HIPAA**, **medical records cannot be copied and re-released.**

the right to notify the following people of your grievance or concern: (1) Your advocate ______Name _____ can be reached at _____ Phone (2) Erin Morseman (607) 962-8225, ext. 146 Manager of Independent Living Programs Email emorseman@aimcil.com (3) René Snyder (607) 962-8225, ext. 117 **Executive Director** Email rene@aimcil.com (4) AIM Board of Directors (607) 962-8225 You may also contact: Robert Gumson Client Assistance Program (CAP) Manager of Independent Living Services Disability Rights New York 725 Broadway, Suite 450 ACCES-VR Albany, NY 12207 89 Washington Ave. EBA RM 580 Albany, New York 12234 (518) 432-7861 (voice) Robert.Gumson@nysed.gov 800-993-8982 (toll-free voice/TTY) (518) 474-2925 or (800) 222-5627 (voice/TTY) (518) 427-6561 (fax) You, as an individual with a "significant disability," will be encouraged to give your input on services you receive or wish to have the center provide through its programs. I have read or had read to me this document and understand my rights and responsibilities. Consumer Name / Signature: ______ Date: _____ Guardian/ Witness (If needed): _____

Staff: _____ Date copy given to consumer: _____