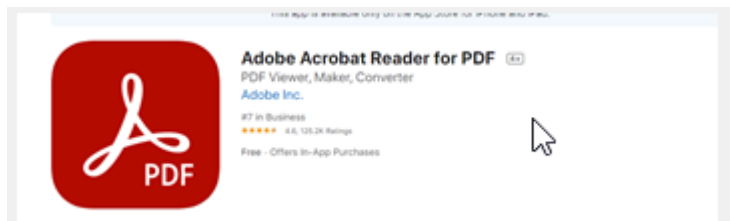
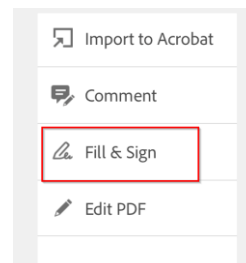
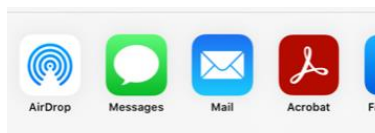
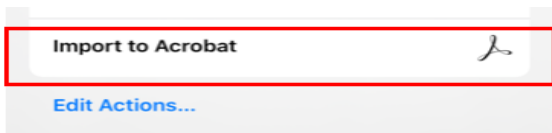


IOS Directions for Libertas Forms

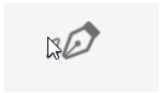
1. Click on Libertas Patient Forms hyper link
2. It will open in the default PDF viewer
3. You will need to install Adobe Acrobat Reader for PDF from the Apple store



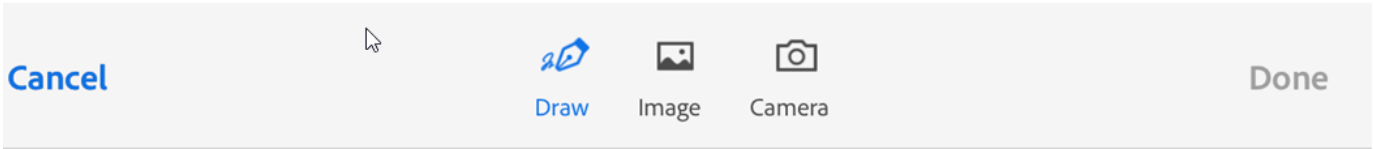
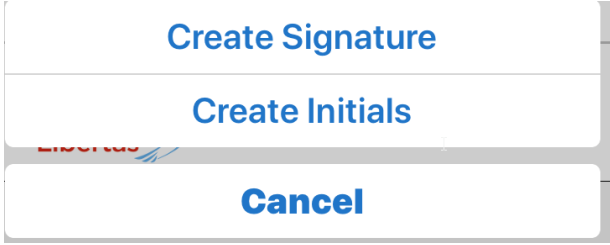
4. Once installed click share icon and select Import to Acrobat **OR** Open with the Adobe App and click Fill and Sign.



5. You can either type in the fields or Click the Draw tool at the bottom of the screen and Create your Electronic Signature to use on the PDF.



at the bottom of the screen and Create



Sign Here

Save as (display)

8:25 AM 42% 10:41 AM 30% 10:42 AM 30%

appointment with the Client Rights Specialist.

- You may also communicate your concerns directly to the Wisconsin Division 2969. Telephone number: 608-266-8481.
- If Medicare is paying for your services, you may also request review of your MetaStar at 2909 Landmark Place, Madison, WI 53713.

RIGHT OF ACCESS TO COURTS:

- You may, instead of filing a grievance or at the end of the grievance process, for damages or other court relief, if you believe your rights have been violated.
- Involuntary patients have the right to ask a court to review to review your care.

YOU HAVE THE RESPONSIBILITY:

- To be honest about matters that relate to you as a patient;
- To attempt to understand your substance use disorder;
- To attempt to follow the directives and advice offered by the staff;
- To know the staff who are caring for you;
- To report changes in your condition to those responsible for your care and we
- To be considerate and respectful of the rights of both fellow patients and staff
- To honor the confidentiality and privacy of other patients;
- To use the grievance procedure, if you feel your rights are being violated;
- To keep appointments and cooperate with the staff;
- To avoid making unreasonable demands;
- To follow the policies and expectations of Libertas;
- To take an active part in your rehabilitation program; and
- To take an active part in daily group therapy sessions.

Bill of Rights

RECORD PRIVACY AND ACCESS LAWS

GRIEVANCE RESOLUTION PROCESS:

RIGHT OF ACCESS TO COURTS:

YOU HAVE THE RESPONSIBILITY:

By typing in my information and submitting this document, I acknowledge that the person on my electronic signature, by electronic signature, I hereby acknowledge that I have received a copy of and understand my rights and responsibilities as a patient of Libertas.

Signature of Patient Date Time Signature of Witness

Signature of Legal Representative Date Time

Staff Member Signature Date Time

Test1 06/23/2020 10:45 am

Signature of Patient Date Time Sig

Signature of Legal Representative Date Time

Staff Member Signature Da

Libertas

This notice describes how medical information about you may be used and disclosed and how

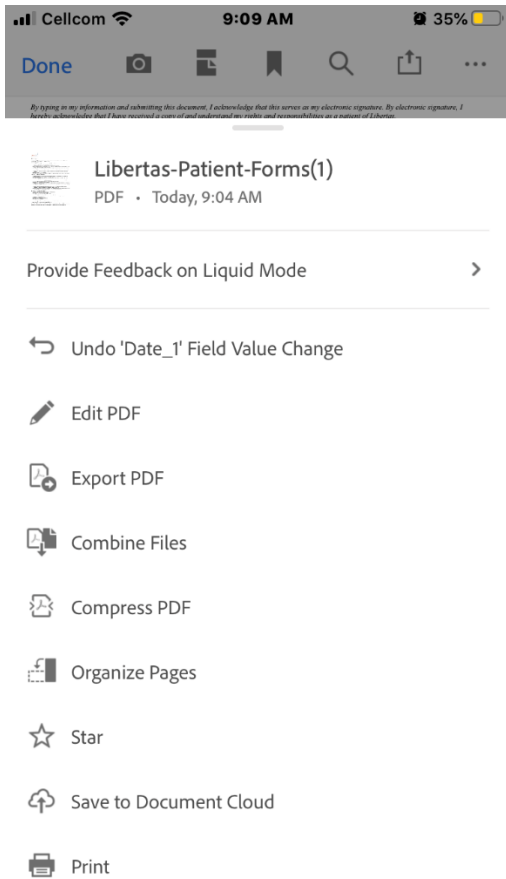
By typing in my information and submitting this document, I acknowledge that the person on my electronic signature, by electronic signature, I hereby acknowledge that I have received a copy of and understand my rights and responsibilities as a patient of Libertas.

Signature of Patient Date Time Signature of Witness

Signature of Legal Representative Date Time

Staff Member Signature Date Time

6. Once Completed with the forms click on the three dots and choose save to document cloud.



Once saved to your phone you can send it to libertas@hshs.org