

# Sycamore Services, Inc.

## Signature Page

By signing below, I confirm my understanding of the contents of the below listed items. I agree that the items were presented and reviewed in a manner to which I am able to understand. I have been given the opportunity to ask questions. I have been given names and proper telephone numbers for contact if I have questions at a later time.

- **Individual Rights and Responsibilities**
- **Grievance/Appeal**
- **Suspension, Exclusion and Expulsion**
- **Program Participation**
- **Handbook**
- **Notice of Privacy Practices titled, Our Privacy Commitment to You**
- **Access to Files**
- **Illness Directive**
- **Provision of Services**
- **Surveillance System**

**Please Sign Acknowledgement Below:**

Participant Name	Signature	Date
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Advocate/Guardian Name	Signature	Date
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Witness Name	Signature	Date
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Sycamore Services, Inc. Rep Name	Signature	Date
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