



**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, acknowledge that I have received a copy of the Community's Notice of Privacy Practices which summarizes the ways my health information may be used and disclosed by the Community and states my rights with respect to my protected health information. I understand the Community has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event the Community changes this Notice, a revised Notice will be posted at \_\_\_\_\_ and that I may obtain a current Notice of Privacy Practices at any time from \_\_\_\_\_. ]

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Witness

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Representative, if Resident is legally incompetent or incapacitated

\_\_\_\_\_  
Printed Name of Legal Representative

\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Witness