



ACKNOWLEDGEMENT OF RECEIPT OF SENIOR TOTAL LIFE CARE'S NOTICE OF PRIVACY PRACTICES

I have received a copy of Senior TLC's Notice of Privacy Practices

(Name of Participant) (Signature of Participant or
Participant's Personal
Representative) (Date)

If signed by the Participant's Personal Representative, please print name and describe relationship to Participant or other authority to act:

(Print Name) (Relationship to Participant)

(Witness Print Name) (Witness Signature) (Date)



To be completed by program employee if Participant's Acknowledgement is not obtained.

Good faith efforts were made to obtain the Participant's written acknowledgement that the participant received Senior TLC's Notice of Privacy Practices as follows:

The reason the Participant's acknowledgement was not obtained is as follows:

Documented by:

(Print Name) (Signature)

(Date)