

**GURWIN JEWISH NURSING & REHABILITATION CENTER
ADULT DAY HEALTH CARE
CONFIRMATION OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

This will confirm that I have received a copy of Gurwin Jewish Nursing & Rehabilitation Center Adult Day Health Care's Notice of Privacy Practices. The Notice explains how Gurwin Jewish Nursing & Rehabilitation Center Adult Day Health Care may use and disclose my Personal Health Information, the restrictions on the use and disclosure of my Personal Health Information, and rights I may have regarding my Personal Health Information.

Name of Resident

Signature of Resident or Authorized Representative

Date

Relationship of Authorized Representative to Resident