

**GURWIN HOME CARE AGENCY  
CONFIRMATION OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

This will confirm that I have received a copy of Gurwin Home Care Agency's Notice of Privacy Practices. The Notice explains how Gurwin Home Care Agency 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.

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Name of Resident

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Signature of Resident or Authorized Representative

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Date

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Relationship of Authorized Representative to Resident