

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

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