

Aging and Disability Services Division
Confidential Information

Acknowledgement of Receipt Notice of Privacy Practices

(Individual First, Last Name)

(Date)

By signing this document, I acknowledge that I have received a copy of the Division Notice of Privacy Practices.

(Individual Signature)

(Signature Date)

Division Use Only

Was acknowledgement received? Yes No

Reason acknowledgement was not obtained:

(Staff First, Last Name)

(Staff Signature)

(Signature Date)