Acknowledgement of Receipt of
"Notice of Privacy Practices"

Client Name: _____D.O.B _____

Maiden or Other Name (if applicable): _____

I acknowledge that I have been provided a copy of C&A IN-HOME CARE LLC's *Notice of Privacy Practices,* which describes how they may use and disclose my Protected Health Information during the performance of their operations; and, explains my rights & responsibilities and their responsibilities in respect to my Protected Health Information.

I understand that C&A IN-HOME CARE LLC has the right to change the *Notice of Privacy Practices* at any time and that revised editions will be posted on their Website www.cnacaring.com and at their Agency Office. I also understand that I may request a copy of the updated version in person, via phone, via email or via regular mail.

_____     _____
       Signature of Client or Authorized Representative                        Date

_____
Relationship/Authority  (If signed by Authorized Representative)

Once client or authorized representative has reviewed & signed this Acknowledgement, detached it and file.