

# Metro Support Services, Inc.

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Eastlake, CO  
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## Receipt of Confidentiality and Protected Health Information Policy

I, \_\_\_\_\_, have received a copy of Metro Support Services, Inc. Confidentiality and Protected Health Information Policy. I have had the opportunity to read and review this notice. I have had the opportunity to have my questions answered regarding this notice. I understand that I may contact Bridget Cranford, HIPAA Official, for any question I may have regarding this policy.

I understand that a complete copy of a Metro Support Services, Inc. Policy and Procedure Manual, which includes the Confidentiality and Protected Health Information Policy, will be maintained in the residence of the Host Home Provider and at Metro Support Service, Inc.

Name of Host Home Provider: **PLEASE PRINT** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Individual Receiving Services: \_\_\_\_\_