

GERIATRIC TREATMENT RESOURCES LLC

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Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have been offered a copy of Geriatric Treatment Resources LLC's Notice of Privacy Practices, and that Geriatric Treatment Resources LLC may use and disclose my health information as described in the Notice,

Acknowledgement of Notice of Patient's Rights

I hereby acknowledge that I have been offered a written copy of the "Rights of Each Patient" adopted by the New Jersey Department of Health for ambulatory care facilities and a written or verbal explanation of these rights.

I further acknowledge that I understand the explanation given to me about my rights.

Signature of Patient (or Personal Representative)

Date

Print Name of Patient (or Personal Representative)

Date

Relationship of Personal Representative