



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Resident Name: (First) _____ (Last) _____

Address: 3800 62nd Avenue North, Pinellas Park FL 33781

Unit #: _____

Facility Name: Magnolia Gardens

I have been given a copy of Magnolia Gardens *Notice of Privacy Practices* ("Notice"), which describes how my health information is used and shared. I understand that Magnolia Gardens has the right to change this *Notice* at any time. I may obtain a current copy by contacting the Magnolia Gardens Privacy/Security Officer, or by visiting the Magnolia Gardens web site at www.magnoliagardensassistedliving.com.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

Signature of Resident or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

For Magnolia Gardens Use Only: Complete this section if you are unable to obtain a signature.

1. If the resident or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the resident's (or personal representative's) signature on the *Acknowledgement*:

Completed by:

Signature of Facility Representative

Date

Print Name

File original in resident's Business Office Records