



Privacy Notice Acknowledgement

ACKNOWLEDGEMENT OF REVIEW AND RECEIPT

Consumer Name: _____

Please review our Privacy Notice. Please sign below. Our Privacy Practices are for your protected health information.

I ACKNOWLEDGE THAT I HAVE REVIEWED THE EXPERTCARE MANAGEMENT SERVICES NOTICE OF PRIVACY PRACTICES AND HAVE BEEN GIVEN A COPY OF THE NOTICE.

Consumer or Legal Representative Signature

Date

ExpertCare Signature

Date