



**TRI-MED HOME CARE SERVICES, INC.**

**TRI-MED STAFFING, INC.**

**(TRI-MED)**

## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE PRIVACY PRACTICES**

I acknowledge that I have been provided with a copy of TRI-MED Notice of Privacy Practices that provides a description of protected information uses and disclosures, and that I have had an opportunity to ask questions about anything that I did not understand.

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

Print Name: \_\_\_\_\_

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