

GURWIN JEWISH NURSING & REHABILITATION CENTER

CONFIRMATION OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This will confirm that I have received a copy of Gurwin Jewish Nursing & Rehabilitation Center's Notice of Privacy Practices. The Notice explains how Gurwin Jewish Nursing & Rehabilitation Center may use and disclose my Personal Health Information, the restrictions on the use and disclosure of my Personal Health Information, and rights I may have regarding my Personal Health Information.

Name of Resident

Signature of Resident or Authorized Representative

Date

Relationship of Authorized Representative to Resident