



PLAN WELL • AGE WELL • LIVE WELL

ELDERCARE SOLUTIONS OF MICHIGAN

NOTICE AND ACKNOWLEDGE OF PRIVACY PRACTICES

I acknowledge that I have received the Notice of Privacy Practices.

Client/Personal Representative Signature

Date

If Personal Representative signs, describe relationship to client: _____

Client's Name (please print): _____

***If acknowledgement on this form is not obtained, it is necessary to complete the documentation of Good Faith Efforts form.**

A Division of Jewish Family Service