

**JEWISH FAMILY SERVICE
NOTICE AND ACKNOWLEDGEMENT OF PRIVACY PRACTICES**

I acknowledge that I have received the Jewish Family Service Notice of Privacy Practices and the Your Rights Handbook from the Michigan Department of Health and Human Services.

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.

6/29/16