

C.A.R.E.S

Acknowledgement of receipt of Notice

I understand that CARES may share my health information for treatment, billing and healthcare operations. I have been given a copy of the organization's Notice of Healthcare Information Practices that describes how my health information is used and shared. I understand the organized healthcare arrangement has the right to change this notice at any time. I may obtain a current copy by contacting CARES or by visiting caresinfo.com.

My signature below constitutes my acknowledgement that I have been provided with a copy of the Notice of Health Information Practices.

Signature of Patient or Legal Representative

Date