



Preferred Home Care Services Acknowledgment of Receipt of Materials

I acknowledge that I received a copy of the following:

1. Home care bill of rights;
2. Advance directive notice;
3. Service recipient rights;
4. Maltreatment of adults;
5. Maltreatment of minors;
6. Spend-down notice and policy;
7. Grievance policy;
8. Temporary service suspension;
9. Transportation policy;
10. Health information privacy notice and practices;
11. Notice regarding changes in insurance coverage;
12. Notice and consent to electronic delivery;
13. Written agreement;
14. Authorization for release of medical information; and
15. Acknowledgement of receipt of materials.

I understand the above materials shall be updated annually, and I will receive notice where to view the updated materials. I understand my continued receipt of services after receiving said shall be considered as my acknowledgement of having reviewed the materials annually and my acceptance of their terms.

_____ Date _____
Consumer

_____ Date _____
Responsible Party