

**LIFE Employment Solutions**

**Acknowledgement of Receipt of “HIPAA Notice of Privacy Practices” and “Grievance Policy and Procedures”**

I acknowledge that I have received the HIPAA Notice of Privacy Practices Brochure and Grievance policy and Procedures.

**Signature** of participant or representative **Date**

**­Printed** name of participant or representative

If personal representative’s signature appears above, please describe Personal Representative’s relationship to the participant.