



**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

I have received a copy of Senior Resource Alliance's Notice of Privacy Practices (the "Notice"). The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. In addition, I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling the Privacy Officer at 407-514-1800, on this Corporation's website at www.sraflorida.org, or by requesting one at our Corporation's offices.

Signature of patient or patient representative: _____ Date: _____

Printed name of patient or patient representative: _____

Relationship to Patient: _____