



Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, hereby
acknowledge that I have received and reviewed a copy of Brightview's Notice of Privacy Practices.

I understand that the Notice of Privacy Practices may be revised from time to time and that I am entitled to receive a copy of any revised Notice of Privacy Practices upon request. A current Notice of Privacy Practices is posted at www.brightviewseniorliving.com.

Resident Name: _____

Signature: Date: _____

Personal Representative (Required if the resident unable to sign):

Name of Personal Representative: _____

Relationship to Resident: _____

Signature: Date: _____