Sunshine Family Cares, Inc.
G3169 Beecher Rd, Suite 100
Flint, MI 48532
Phone 810-620-0250 Fax 810-620-0255

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I was provided a copy of Sunshine Family Cares, Inc.'s Notice of Privacy Practices. I understand that the Notice contains important information regarding my rights and the facility's responsibilities relative to my Protected Health Information.

_____
Printed Name

_____ _____
Signature of patient or personal representative Date

_____
If signed by the personal representative, the relationship with the patient