



TOP AID
HEALTHCARE, INC.
CARE FOR HUMANITY

Top Aid Healthcare Inc
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Acknowledgment of Receipt of Privacy Information Practices

I, (Program Participant) _____ acknowledgement
and agree that I Have received a copy of the Top Aid Healthcare, Inc Adult Foster
Care Program (AFC) Notice of Privacy information.

AFC Participant Sign _____ Date _____

AFC Participant Legal Rep sign _____ date _____

Print Name of legal Rep _____