

RECEIPT OF CONFIDENTIALITY AND PHI

Metro Support Services, Inc.

P.O. Box 966
Eastlake, CO
80614-0966

Phone: 720.872.2730
Fax: 720.872.2738

Receipt of Confidentiality and Protected Health Information Policy

I, _____, have received a copy of Metro Support Services, Inc. Confidentiality and Protected Health Policy. I have had the opportunity to read this notice and/or have someone read it to me. I have had the opportunity to have my questions answered regarding this notice. I understand that I may contact Bridget Cranford, HIPAA Official, for any question I may have regarding this policy or to request assistance in the process of filing a concern or complaint.

I understand that a complete copy of a Metro Support Services, Inc. Policy and Procedure Manual, which includes the Notice of Privacy Practices, will be maintained in the residence of the Host Home Provider and at Metro Support Service, Inc.

Name of Person Receiving Services: _____

Signature: _____ Date: _____

Relationship to Person Receiving Services: _____