



**ACKNOWLEDGEMENT OF RECEIPT OF
AREA AGENCY ON AGING 1-B
NOTICE OF PRIVACY PRACTICES**

Section A. To be completed by AAA 1-B client or proxy.

Please Check:

[] I have received a copy of the AAA 1-B Notice of Privacy Practices.

Client's or Proxy's Signature

Date

Client's Name

Proxy's Name/Relationship (if applicable)

Section B. To be completed by AAA 1-B Staff.

1. Was the participant given a copy of the Privacy Notice?

[] Yes [] No

2. If the participant did not sign an acknowledgement, please explain why.

Signature of Staff

Date

Staff Name

Staff Title