

Geritom Med, Inc
10501 Florida Ave S
Bloomington, MN 55438

Notice of Privacy Practices Acknowledgment of Receipt

Geritom Med, Inc has provided you with a copy of the HIPAA Notice of Privacy Practices. By signing this form, you acknowledge receiving this Notice and that you were afforded an opportunity to ask questions related to the content herein.

Beneficiary Signature

Date

*Authorized Representative
[if applicable]

Relationship to Beneficiary

Date

Workforce Member Witness Signature

Date

***If Authorized Representative signs on behalf of beneficiary, include the following:**

| | | | |
|----|--|--|-------------------|
| 1. | Authorized Representative Printed Name | | |
| 2. | Address of Authorized Representative | | |
| 3. | Reason Beneficiary Cannot Sign: | | Physically Unable |
| | | | Other: |

Documentation of Good Faith Effort

Geritom Med, Inc has made a good faith effort to obtain a written acknowledgment of the individual's receipt of the Notice but a written acknowledgment was not received for the following reason:

Individual refused to sign this acknowledgement of receipt

Emergency

Workforce Member Signature

Date