***PLEASE SIGN AND RETURN THIS FORM.***

**WITHOUT IT, THE APPLICATION IS INCOMPLETE.**

****

**NASSAU COUNTY COUNCIL ON AGING, INC.**

**RECEIPT / ACKNOWLEDGEMENT FOR**

**“NOTICE OF PRIVACY PRACTICES”**

As part of my Registered Customer Program Application, I have received and understand the “***Notice of Privacy Practices***” published by Nassau County Council on Aging, Inc.

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Applicant Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver Name (if applicable) (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver Signature Date