



**PRIVACY AND HIPPA ACKNOWLEDGEMENT**

Bluegrass Personal Care Services, LLC protects all client health information.

Information is disclosed only as permitted by law.

*Changes to this notice require documentation and notice.*

Client/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Client/Representative Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*PSA Staff Signature* \_\_\_\_\_ *Date* \_\_\_\_\_