



EFR EMPLOYEE & FAMILY RESOURCES

Acknowledgement of Receipt of Employee & Family Resources' Notice of Privacy Practices

I hereby acknowledge that:

1. I was given the opportunity to read and to receive a copy of Employee & Family Resources' Notice of Privacy Practices dated October 1, 2016.
2. I understand that this privacy statement outlines how information about my health care may be used and disclosed and how I can get access to this information.
3. I was made aware that I may also access this document at Employee & Family Resources' website at www.efr.org or request a copy by phone at 515-471-2337 or by mail at:

Employee & Family Resources
Privacy Officer
505 Fifth Avenue, Suite 600
Des Moines, IA 50309

Signature: _____

Printed Name: _____

Date: _____