

**ACKNOWLEDGEMENT OF RECEIPT OF POLICY AND PROCEDURE
REGARDING PROTECTING RESIDENT PRIVACY AND PROHIBITING
MENTAL ABUSE RELATED TO PHOTOGRAPHS AND AUDIO/VIDEO
RECORDINGS BY STAFF**

I hereby acknowledge by my signature that I have received a copy of the above-referenced _____ policy and procedure. I hereby agree to abide by the requirements of this policy as well the compliance and ethics program in general. I further understand that adherence to this policy is a condition of employment or continued business dealings with _____, and that I have a duty to report any compliance and ethics concerns to either my manager, the Administrator, _____ the _____ Compliance _____ and _____ Ethics _____ Officer _____, or as a last resort by openly or anonymously calling our Compliance and Ethics Hotline at (800) 610-2544.

Print Name

Signature

Company Name (If Contractor)

Date