

Winning Wheels, Inc.  
Acknowledgement of Privacy Obligations

By signing this acknowledgement, I am signifying my understanding that every resident has the right to privacy and confidentiality of protected health information, including information contained in his/her clinical record, as well as any information regarding his/her residency at this facility. Information about a resident may be shared among staff of this facility only insofar as the minimum necessary to ensure optimum treatment of the resident or for the purposes of payment and/or health care operations. No information is to be shared (except as may be required by law) with anyone else except with the informed consent of the resident or of a person authorized to give consent on the resident's behalf. Bona fide students or trainees at the facility by permission are considered facility staff for this purpose and have the same obligation to comply with established privacy practices.

All staff and employees of Winning Wheels are under equal obligation to treat as strictly confidential any information acquired by any means about a resident or ex-resident. Breaches of confidentiality will be regarded as a serious offense and will be grounds for disciplinary action, up to and including termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date