



## Record of HIPAA Notification

I, the undersigned, have received and read the Notice of Privacy Policy & Practices from Victory Health Partners.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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## Volunteer Handbook Acknowledgment

I, the undersigned, acknowledge that I have received, read, and understand the contents of the Victory Health Partners volunteer Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_