



**ACKNOWLEDGEMENT OF RECEIPT OF  
FINANCIAL AND OFFICE POLICY**

**\*You May Refuse to Sign This Acknowledgement\***

I, \_\_\_\_\_, (print name)  
have received a copy of HovaCare financial and office policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of financial and office policy, but  
acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
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