

**Acknowledgement of Receipt:
MN Home Care Bill of Rights**

The MN Home Care Bill of Rights provides information about the rights of a person who receives home care services in Minnesota.

In addition to the copy we are providing you, copies of the current MN Home Care Bill of Rights are available by accessing the DHS Website at

http://www.health.state.mn.us/divs/fpc/consumerinfo/0309MN_hcservBOR_engreg.pdf

I acknowledge that I have received the MN Home Care Bill of Rights.

Signature of Recipient or Responsible Party

Date

Print Name

Relationship to Patient

Interpreter (if applicable)

Written Acknowledgement Not Obtained

Please document your efforts to obtain acknowledgement and reason it was not obtained.

____ MN Home Care Bill of Rights Given — Recipient Unable to Sign

____ MN Home Care Bill of Rights Given — Recipient Declined to Sign

____ MN Home Care Bill of Rights Mailed to Recipient — Awaiting Signature

____ Other Reason Recipient Did Not Sign _____

Signature of Rainbow Health Kare, Inc Representative

Date