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**Health, Safety, Sanitation, Confidentiality Attestation**

**I have received and reviewed the following documents:**

**Guidelines for Illness and Emergencies**

**General Guidelines for Infection Control**

**Confidentiality Polices**

**Service Provider**

**Discipline**

**Date**

**This receipt must be returned to the office for your file.**

**A copy of these documents is available on our website under provider forms**