**HIPAA POLICY-EMPLOYEE AND FOSTER PARENT**

SIGNATURE PAGE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received Make A Way, Child Placing Agency HIPAA Policy and agree to the terms and conditions stated in the policy.

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Foster Parent Signature Date

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Foster Parent Signature Date

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Home Developer/Agency Staff Date