

## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and policies.	d comply with the guidelines contained in the privacy
Employee/Contractor Name (Printed)	
Employee/Contractor Signature	_
Date	