GET WELL

GET WELL HOME HEALTH CARE SERVICE

PRIVACY STATEMENT

By filling in the application form you agree to the terms and conditions of ***GET WELL HOME HEALTH CARE SERVICE*****.** Information shared in this site is private and are keep confidential. Sensitive information such as health history is safeguard and remains known only to personal consultant.

I therefore give my consent to ***GET WELL HOME HEALTH SERVICE*** to utilize my information in any service they will be offering to me in accordance their rules and regulations in proving those services

NAME: ……

SIGNATURE: ……...