

Cumberland Valley District Health Department

Acknowledgement of Receipt of Notice of Privacy Practices

(45 CFR 164.520 (c) (2)(ii))

This is to acknowledge my receipt of Cumberland Valley District Health Department's Notice of Privacy Practices effective April 14, 2003.

*Signature of Patient/Parent or Guardian/Caregiver

Date

*If the patient is a minor, parent or legal guardian should acknowledge receiving this notice. If the patient is a Home Health patient, a family member or caregiver may acknowledge receipt of this notice.