Notice of Privacy Practices

ACKNOWLEDGEMENT OF RECEIPT
Effective Date: April 14, 2003

PLEASE REVIEW CAREFULLY

The Notice of Privacy Practices tells you how the Louisiana Department of Health uses and discloses information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.

I, _________________________________, have been given a copy of the Louisiana Department of Health Notice of Privacy Practices.

_____________________________________   _____________________
Individual’s Signature                     Date

_____________________________________   _____________________
Personal Representative                    Date

_____________________________________   _____________________
Signature of witness ( If signed with an “X’ or mark)  Date

Sample Form: The Program / Office mailing address must be added.