

Acknowledgment of Receipt of Notice of Privacy Practices

JO DAVIESS COUNTY HEALTH DEPARTMENT

This is to acknowledge my receipt of Jo Daviess County Health Department's Notice of Privacy Practices effective date April 14, 2003 on the date stated below.

Signature of Patient or Personal Representative

Date of Patient's or Personal Representative's
Signature

Patient's Name

Patient's Address

Name of Personal Representative
(if applicable)

Description of Representative's Authority to
Act for the Patient