



## 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