



Health Directions

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I acknowledge that I have received a copy of Health Directions Notice of Privacy Practices.

If you have any questions please contact the agency's Privacy Officer at 815-434-4727, Ext. 217. If you want additional copies please request them from the agency's front office.

Signature _____

Date _____

Print Name _____

Date _____

ID# _____