RECEIPT OF NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT

By signing this Acknowledgement of Receipt of Notice of Privacy Practices I am acknowledging that I have received a copy of the LADD Notice of Privacy Practices. Furthermore, I understand the LADD Notice of Privacy Practices is available online at the LADD website and/or available to me at any time at any LADD facility by asking for a copy. I understand that I can also request a copy of the LADD Inc. Notice of Privacy Practices by contacting any LADD office and/or the Corporate Compliance Officer at 269-782-0654. In the event of a breach of my protected health information, I understand and acknowledge notification to me may be done in writing or email.

_____

_____
Print Person's Name

_____ _____
Person's Signature Date

_____ _____
Guardian's Signature Date