AGREEMENT TO RECEIVE NOTICE OF PRIVACY PRACTICES
BY EMAIL ACKNOWLEDGEMENT

Please send me LADD's Notice of Privacy Practices by e-mail. In addition, in the event of a breach of my protected health information I understand and acknowledge notification to me may be done by email.
My e-mail address is:

_____

_____
Print Person's Name

_____ _____
Person's Signature Date

_____ _____
Guardian's Signature Date