

SUSQUEHANNA COMMUNITY SCHOOL DISTRICT
Parent/Guardian's Receipt of
The Susquehanna Community School District's Notice of Privacy
Practices

*Please complete, sign and return this form using the attached, self-addressed
and stamped envelope.*

I, _____, have received and
(Please Print your Name or other Authorized Representative)

reviewed a copy of The Susquehanna Community School District's Notice
of Medical Privacy Practices. I acknowledge that I read and understand the
Notice and my rights as outlined therein. I am aware that The Susquehanna
Community School District's staff and personnel has implemented and
completed an awareness program regarding the Medical/Health Privacy
Practices and I answered my questions that I have regarding this Notice.

(Signature of Parent, Guardian or Authorized Representative)

Date