

Section 400 – Personnel
Employee Health and Well-Being
Confirmation of Receipt

File: 404.10 - E1

CONFIRMATION OF RECEIPT
Of
HEALTH INFORMATION PRIVACY PRACTICES

You are required to sign and return this copy to the school district to confirm that you have received a copy of this Notice. You will be provided with a copy for your records as well. The Notice with your signature will be maintained as a part of your employment record.

I _____ acknowledge receipt of this Privacy Notice.

Date: _____