

POTTAWATOMIE COUNTY HEALTH DEPARTMENT  
P.O. BOX 310  
320 MAIN STREET  
WESTMORELAND, KS 66549  
785-457-3719

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Pottawatomie County Health Department's Notice of Privacy Practices with the effective date of **April 14, 2003**.

\_\_\_\_\_  
**Signature of Patient/Patient Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Patient/Patient Representative**  
**PRINT NAME**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Patient**