

FIRE PROTECTION DISTRICT NUMBER FOUR ST. TAMMANY PARISH LOUISIANA,
HEALTH CARE COMPONENT - CHAPTER 16, Acknowledgment of Receipt

ELECTRONIC NOTICE OF PRIVACY PRACTICES

Patient Complete Legal Name: _____

Date of Birth: _____ Social Security No. _____

By executing below, I authorize Fire Protection District Number Four, Health Care Component, (the "District") to communicate its Notice of Privacy Practices to me electronically.

I request to receive the District's Notice of Privacy Practices by e-mail at the following address:

-or-

I withdraw my previous authorization to receive the District's Notice of Privacy Practices by e-mail.

Signature: _____ Date: _____

(Patient or Personal Representative)

THE FOLLOWING INFORMATION IS NEEDED IF SIGNED BY A PERSONAL REPRESENTATIVE:

Type of authority (e.g., court appointed, custodial parent): _____

FILE IN PATIENT RECORD