



Acknowledgement of Receipt of Notice

(In compliance with the Health Insurance Portability and Accountability Act (H.I.P.A.A.))

I have received a copy of the privacy notice from the Sandusky County Board of Developmental Disabilities (SCBDD). The SCBDD includes Administration and the School of Hope.

Yes

No

Signature of Staff, Board, Individual,
Parent or Guardian

Print Staff, Board, Individual, Name

Date

It is VERY IMPORTANT for you to sign and return this acknowledgement.
This acknowledgement is necessary and must be kept on file.
You may request an updated notice at any time.

Please return THIS PAGE only to:

Sandusky County Board of DD
1001 Castalia Street
Fremont, Ohio 43420