

# Danville Rescue Squad

## **Acknowledgment of Receipt of Notice Of Privacy Practices**

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I hereby acknowledge that I have been provided with a copy of Danville Rescue Squad's *Notice of Privacy Practices* on this date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINT Name of Patient

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip