

**TYRONE AREA SCHOOL DISTRICT**

**Health Insurance Portability and Accountability Act (HIPAA)  
Acknowledgement of Receipt**

**Effective April 14, 2004**

I, \_\_\_\_\_ have received a copy of the Tyrone  
Area School District's Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Legible