



Easterseals Crossroads Acknowledgment
of
Receipt of Notice of Privacy Practices:

I have been offered, read, or received a copy of the Crossroads' Notice of Privacy Practices. I understand and am aware of the health information being released about me and further understand my rights regarding my health information. I further understand that if I have additional questions or concerns, I may contact: Angie Danner, Privacy Officer, Phone 317-466-1000.

Consumer Signature: _____

Printed Name: _____

Date: _____