



SUSQUEHANNA COMMUNITY SCHOOL DISTRICT
3192 TURNPIKE STREET
SUSQUEHANNA, PA 18847

JOHN RUSHEFSKI
Superintendent of Schools

RICHARD EMMONS
Junior/Senior High School
Principal

BRENT SODEN
Elementary School
Principal

GARY KIERNAN
Business Manager

PARENT/GUARDIAN'S RECEIPT OF:
THE SUSQUEHANNA COMMUNITY SCHOOL DISTRICT'S NOTICE OF PRIVACY PRACTICES

I, _____ have received and reviewed a copy of the
(Please Print your name or other authorized Representative)

Susquehanna Community School District's Notice of Medical Privacy Practices. I acknowledge that I read and understand the Notice and my rights as outlined therein. I am aware that the Susquehanna Community School District's staff and personnel has implemented and completed an awareness program regarding the Medical/Health Privacy Practices and I answered my questions that I have regarding this Notice.

(Signature of Parent, Guardian or Authorized Representative)

Date