

FORM – 1

NOTICE OF PRIVACY POLICY

Patient Acknowledgement

**Fire Department
City of Shaker Heights
3400 Lee Road
Shaker Heights, Ohio 44120-3493**

I, _____, hereby acknowledge that I was given a copy of the Notice of Privacy Policy issued by the Shaker Heights Fire Department on _____.

Signature

Date

Print Name

Name of Patient (if other than above): _____

*Relationship to Patient: _____

**If parent/guardian or other personal representative of the Patient please indicate type of relationship*

Witness

Date