



# fresno county superintendent of schools

## NOTICE OF PRIVACY PRACTICES

### ACKNOWLEDGMENT OF RECEIPT

By signing this form, I am acknowledging I have received a copy of the Fresno County Superintendent of Schools' (FCSS) All 4 Youth Behavioral Health Program's Notice of Privacy Practices. I may request another copy of the FCSS All 4 Youth Notice of Privacy Practices at any time from an FCSS All 4 Youth representative. I may also get a copy from the FCSS website [www.fcoe.org](http://www.fcoe.org).

Customer/Minor's printed name: \_\_\_\_\_

\_\_\_\_\_  
Signature of customer/minor, if 12 years or older      Date

\_\_\_\_\_  
Printed name of legal guardian      Relationship to customer/minor

\_\_\_\_\_  
Signature of legal guardian      Date

\_\_\_\_\_  
Signature of FCSS All 4 Youth Representative      Date

Original/chart      Copy/customer

Acknowledgement of Receipt of Privacy Practices

09/13/18