

Coles County Health Department

CONSENT and ACKNOWLEDGMENT Receipt of Joint Notice of Privacy Practices

I do hereby consent to allow the health department and its designated employees and contractors to enroll and provide services through the programs offered by the department.

I understand the nature and consequences of any procedures to be performed will be explained to me.

I understand that the health department is already authorized to use the information gained during treatment to bill me, or any other potential sources of reimbursement, such as government programs in which I am enrolled or qualify for services.

I also hereby acknowledge that I received a copy of the "Joint Notice of Privacy Practices" from the health department dated April 14, 2003.

_____	_____
Child's name (if a minor)	Signer's printed name
_____	_____
Child's birthdate	Signature

	Date

Check if any of the following apply:

- Parent or Guardian of minor
- Power of Attorney for Health Care
- Guardian with power to make health care decisions
- Health Care Surrogate
- Mental Health Treatment Preference Declaration Agent

FOR STAFF USE ONLY:

I attempted to obtain an Acknowledgment of the Receipt of the Notice of Privacy Practices on behalf of the HD. The HD was unable to obtain the Acknowledgment because:

- Client refuses to sign
- Other (specify): _____

_____ (Staff member's initials) _____ (Date)

(Staff: Place Acknowledgment in patient's medical record.)