



**CONSENT, ACKNOWLEDGEMENT &  
Receipt of Joint Notice of Privacy Practices**

I, \_\_\_\_\_ do hereby consent to allow the health department  
(print name of client)

and its designated employees and contractors to perform a variety of services which may include but not limited to, a medical evaluation and treatment of conditions found therein. I understand that I have requested and agreed to any services rendered therein. I understand the nature and consequences of any procedures or administrations to be performed will be explained to me and I will be given a chance to ask questions to my satisfaction. This consent has no expiration, unless revoked in writing by the undersigned.

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

I understand that I can revoke such receipt acknowledgement at any time, in writing. This acknowledgement shall be good for 3 years, at which time I will be reminded of our notice of privacy practices availability and asked to sign again.

I also hereby acknowledge that I have received a copy of the "Joint Notice of Privacy Practices" from the health department dated: September 23, 2013.

I am signing as: (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
- Myself
- Mental Health Treatment Preference Declaration Agent

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**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)

- **Place acknowledgment form in patient's medical record and update if the signed date is greater than 3 years ago or something within the form changes.**