



# MONROE COUNTY HEALTH DEPARTMENT

1315 Jamie Lane Waterloo, IL 62298 Phone: 618-939-3871 Fax: 618-939-4459

## CONSENT and ACKNOWLEDGMENT

### Receipt of Joint Notice of Privacy Practices

I, \_\_\_\_\_ do hereby consent to allow the Monroe County Health Department and its designated employees and contractors to assess, evaluate, provide care, bill for services and/or refer me. 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, my insurance company, 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.

(X) \_\_\_\_\_

Sign

(X) \_\_\_\_\_

Date

Check I any of the following apply:

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

\_\_\_\_\_  
FOR STAFF USE ONLY:

I attempted to obtain an Acknowledgment of the Receipt of the Notice of Privacy Practices on behalf of the health department. The health department 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)