

**PATIENT ACKNOWLEDGEMENT AND CONSENT FORM**  
**Tuscola County Health Department**

Tuscola County Health Department’s “Notice of Privacy Practices” provides information about how we may use and disclose protected health information about you. You have the right to review our Notice of Privacy Practices prior to signing this consent. You acknowledge receipt of this office’s Notice of Privacy Practices by initialing below:

\_\_\_\_\_  
*Patient’s initials*

Tuscola County Health Department’s Notice of Privacy Practices states that Tuscola County Health Department reserves the right to change the terms described therein and to have the new notice apply to all protected health information we maintain. Revisions to our Notice of Privacy Practices will be posted at our office on the effective date and you may request a written copy of the Revised Notice from this office.

\_\_\_\_\_  
*Patient’s initials*

You have the right to request restrictions on how your protected health information may be used or disclosed for treatment, payment, or health care operations. Tuscola County Health Department is not required to agree to your restrictions, but if we do, we are bound by our agreement with you.

\_\_\_\_\_  
*Patient’s initials*

By signing this form, you consent to Tuscola County Health Department’s use and disclosure of protected health information about you for treatment, payment, and health care operations. This includes, but is not limited to, disclosure to third party medical care providers to whom we refer you or with whom we consult regarding your health, as well as to third parties for payment or billing purposes. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

\_\_\_\_\_  
*Patient’s signature*

\_\_\_\_\_  
*Date*

**FOR STAFF USE ONLY**

	Patient refused to accept this Form
	Patient accepted a copy of this Form but refused to sign it.
	This Form was mailed to patient who first received service on telephone
Date:	Patient Name:
Staff Signature	