

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

Tuscola County Health Department’s “Notice of Privacy Practices”, as revised in July 1, 2013, provides specific information about how we handle protected health information about you and your rights associated with our handling of such information. By signing below, you acknowledge receipt of this office’s Notice of Privacy Practices and that you have read your rights as contained there in detail.

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	