

910 Route 54 East  
POB 518  
Clinton, IL 61727  
Phone: 217.935.3427  
Fax: 217.935.4037



1020 S. Market Street  
Monticello, IL 61856  
Phone: 217.762.7911  
Fax: 217.762.3422

**CONSENT and ACKNOWLEDGMENT  
Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_ do hereby consent to allow Dewitt-Piatt Bi-County Health Department (DPBHD) to do a nursing/nutritional/developmental/medical assessment, laboratory testing, treat conditions and/or make referrals in accordance with agency programs and policies, releasing any necessary medical information. I understand the nature and consequences of any procedures to be performed will be explained to me.

I understand that DPBHD is already authorized to use the information gained during assessment/treatment to bill me, or to bill any other potential sources of reimbursement, (i.e. Medicaid, Medicare, Tuberculosis Boards) for services in which I am enrolled or qualified to receive.

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

\_\_\_\_\_  
Signed

\_\_\_\_\_  
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 DPBHD. The DPBHD was unable to obtain the Acknowledgment because:

Client refuses to sign  Other (specify): \_\_\_\_\_

\_\_\_\_\_  
(Staff member's initials)

\_\_\_\_\_  
(Date)

(Staff: Place Acknowledgment in client's file.)