

APPENDIX II

FORM 4

**PRIVACY NOTICE ACKNOWLEDGEMENT AND CONSENT TO THE USE AND DISCLOSURE OF
PERSONAL HEALTH INFORMATION**

Clay County

Privacy Notice Acknowledgement and

Consent to the Use and Disclosure of Personal Health Information

I, _____, understand and agree that Clay County may use and disclose protected health information (including but not limited to name, address, health history, symptoms, examination and test results, diagnosis and treatment) for treatment, payment or health care operations. I also understand that this does not preclude any existing federal or state confidentiality regulations applying to this program that may be more restrictive with regard to release of confidential client information.

I understand and have been provided a copy of the document entitled Notice of Privacy Practices which provides a complete description of potential uses and disclosures of my protected health information. I understand that I have the right to review the Notice of Privacy Practices prior to signing the consent.

I understand that Clay County reserves the right to change its privacy practices and will immediately post the changes and provide me a copy of any revised notice at my request.

I understand that I have the right to request that Clay County restrict how my protected health information is used or disclosed to carry out treatment, payment, or health care operation. I further understand that Clay County is not required to grant any request to restrict the use or disclosure of information.

If, however, Clay County agrees to a requested restriction, the restriction is binding on Clay County.

Signature _____ Date _____

Printed Name _____

Witness Signature _____ Date _____

Printed Name _____

Individual refused to acknowledge receipt of Privacy Notice

Clay County Employee Signature, _____

Printed Name _____

Title _____ Date _____

Clay County Social Services Director, 715 11th St N, Suite 502, Moorhead, MN 56560



Clay County Chemical Health – Client Forms Checklist

Client Name:

Date of Assessment:

I have been offered a copy of “**Notice of Privacy Practices**”

Accepted copy Declined copy

I have reviewed the “**Confidentiality of Alcohol and Drug Abuse Client Records**” and the “**Right to Second Assessments and Client’s Rights to Appeal Notice**”

Accepted copy Declined copy

My signature indicates that I have had the above information given and/or explained to me.

Client Signature

Date

Clay County Social Services Worker or Clay County Representative