



**Public Health**  
Prevent. Promote. Protect.

## NORTHEAST HEALTH DISTRICT Notice of Privacy Practices

The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. We may share your protected information in the following ways: with health professionals who are contributing to your treatment; to assess and improve treatment provided by the Health Department; for billing purposes when appropriate; for appointment reminders and follow-up calls; as legal documentation describing the service(s) and/or treatment(s) you received; to contracted providers who provide specific services for the Health Department and use information for health activities; for a source of data for required reporting for state and federal funding. Further explanation of these uses of your protected health information can be found in the Notice of Privacy Practices.

### CONTACT PREFERENCES – Please specify at least one contact method

Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile - Voice and Text <input type="checkbox"/> Mobile - Voice Only <input type="checkbox"/> Mobile - Text Only	Email: <input type="checkbox"/> Personal <input type="checkbox"/> Work	<input type="checkbox"/> Written Communication to my Mailing Address <input type="checkbox"/> May contact me through the school nurse School Name: _____ <input type="checkbox"/> Do NOT contact me
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**NOTE:** Your wishes will be taken into consideration when we attempt to contact you; however, we are informing you that it is our legal obligation to contact you regarding abnormal or suspicious lab results. Failure to provide accurate contact information or failure to respond to attempted contacts may result in serious consequences to your health.

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By signing this form, you acknowledge you have seen and have been offered a copy of the Notice of Privacy Practices from this County Health Department and that you have provided accurate contact information and preferences or have specified that you do not want to be contacted.

Client Last Name: \_\_\_\_\_ Client First Name: \_\_\_\_\_

#### Client Representative Information (if signing for Client):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Client / Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### STAFF USE ONLY

The client has been given the Notice of Privacy Practices, but refused to sign the acknowledgement of receipt.

Employee Last Name: \_\_\_\_\_ Employee First Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_