

Williamson County Office:  
8160 Express Drive  
Marion, IL 62959-9808  
Phone 618/993-8111  
Fax 618/993-6455



Franklin County Office:  
403 East Park  
Benton, IL 62812-1920  
Phone 618/439-0951  
Fax 618/438-3005

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

I, \_\_\_\_\_ do hereby consent to allow the  
(print name of client)

Franklin-Williamson Bi-County Health Department and its designated employees to:

PROVIDE HEALTH SERVICES

I understand the nature and consequences of any procedures to be performed will be explained to me.

I understand that the health department is already authorized to use the information gained during treatment to bill me, my insurance company, or any other potential sources of reimbursement, such as government programs in which I am enrolled or qualify for services.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

Check if any of the following apply:

☐ Parent or Guardian of minor

☐ Health Care Surrogate

☐ Power of Attorney for Health Care

☐ Mental Health Treatment Preference Declaration Agent

☐ Guardian with power to make health care decisions

**FOR STAFF USE ONLY:**

I attempted to obtain an Acknowledgement of the Receipt of the Notice of Privacy Practices on behalf of the HD.  
The HD was unable to obtain the Acknowledgement because:

☐ Client refuses to sign

☐ Other (specify) \_\_\_\_\_

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

(Staff: Place acknowledgement in patient's medical record)