



ADAMS COUNTY HEALTH DEPARTMENT

108 W. MAIN, RITZVILLE, WASHINGTON 99169 - TELEPHONE (509) 659-3315
315 N. 14TH, OTHELLO, WASHINGTON 99344 - TELEPHONE (509) 488-2031

Consent for use and disclosure of Protected Health Information for Treatment, Payment or Healthcare Operations

Name _____ Date of Birth _____

I understand that the Health Department will maintain, use and disclose personal health information in order to provide for my care and treatment, to arrange for billing and payment for my care and carry out general management and operations of the Health Department, such as quality review.

I understand that these other uses and disclosures of my personal health information are described more completely in the facility's "Notice of Privacy Practices".

I understand that the Health Department reserves the right to change its privacy practices described in the "Notice of Privacy Practices" and to make the new Notice provisions effective for all protected health information already received and maintained by the facility as well as for new information. I understand that if it is revised you will receive a new "Notice of Privacy Practices" with the date of revision when you visit the Health Department again or upon request.

I understand I have the following rights:

- The right to receive and review the Health Department's "Notice of Privacy Practices" before signing consents.
- The right to request restrictions on how protected health information about me is used or disclosed for treatment, payment or healthcare operations. The facility is not required to agree to my request, but if it does, it will be bound by its agreement.
- The right to revoke this Consent, in writing, except to the extent the facility has acted in reliance on the Consent.
- The right to receive a copy of this Consent form.

I consent to the use and disclosure by Adams County Health Department and its agents or representatives of all my personal health information for purposes of treatment, payment and healthcare operations.

By signing below, I acknowledge that I have read and understand this Consent form.

Signature of Client or legal guardian

Date

If signed by guardian, please print name

Relationship