



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

**Tuscarawas County  
Health Department**

Form: 2023-03

## **Acknowledgement of Receipt of the Notice of Privacy Practices of the Tuscarawas County Health Department Medical Clinic**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_



I hereby acknowledge that I have received from the Tuscarawas County Health Department Medical Clinic a copy of its Notice of Privacy Practices. I understand that the Notice of Privacy Practices sets forth my rights relating to the use and disclosure of my personal health information and explains how the Tuscarawas County Health Department may use and/or disclose my personal health information both with and without my authorization. I further understand that I may contact the Compliance Officer if I have any questions regarding the contents of this Notice of Privacy Practices or to file a complaint about the privacy practices of the Tuscarawas County Health Department's Medical Clinic.



\_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient or Patient's Representative

12/05/2022 KS

 897 E. Iron Ave.  
Dover, OH 44622

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 (330) 343-1601

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