



**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.

In accordance with the Notice of Privacy Practices given to you, and by signing below (or electronically), you are giving consent for treatment for the services.


I understand that eligibility for coverage by my insurance company(s) CANNOT be determined at the time of treatment. I understand that the services provided today may not be covered by my insurance company(s). If it is determined that I am NOT eligible for coverage or NO benefits exist for my claim, I understand that I will be responsible for payment of all services provided. I still wish to receive services from Tuscarawas County Health Department providers and/or any TCHD staff member.



\*\*For Reproductive Health and Wellness patients, by signing you are aware family planning services are provided on a voluntary basis and you will not be coerced to accept services or to use or not use any particular method of family planning. Also, family planning services are not a prerequisite to the receipt of any other services. Services will be provided in a confidential manner, unless required by law to report. Examples include but are not limited to abuse, trafficking, rape etc.

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

Signature of Patient or Patient's Representative

12/05/2022 KS;12/21/23ak

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 (330) 343-1601

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