

CONSENT and ACKNOWLEDGEMENT
Receipt of Joint Notice of Privacy Practices

I, _____ (print name of client) do hereby consent to allow
_____ (agency name) and its designated employees
and contractors to perform:

- Pelvic and/or breast examinations and screenings and
- Necessary diagnostic follow-up tests

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 "Joint Notice of Privacy Practices" from the agency dated April 14, 2003.

Signed

Date

FOR STAFF USE ONLY:

I attempted to obtain an Acknowledgement of the Receipt of the Notice of Privacy Practices on behalf of the delegate agency. The agency 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.)