Howard County Health Department
ADULT Patient/Guardian Authorization of Use
and Disclosure of Protected Health Information

Adult Client Name:_____**Date of Birth:**_____**Today's date**_____

To the patient: The Howard County Health Department (HCHD) will attempt to follow your instructions to the extent the healthcare provider believes such disclosure will not interfere with your treatment. Please, note that the HCHD does not need specific authorization to disclose information for treatment, operations or payment purposes consistent with its Notice of Privacy Practices.

Please, indicate below who you are appointing as your personal representative(s) to receive medical information about yourself. IF you choose to indicate "NONE" please do so on the first line.

I give my consent and authorization for the person or persons I list below to receive any and all information, or discuss any and all aspects of my medical care.

_____ _____
(Please Print Name) (Relationship)

_____ _____
(Please Print Name) (Relationship)

_____ _____
(Please Print Name) (Relationship)

Limitations: *The following Protected Health Information may NOT be disclosed:*
_____Initials_____

Expiration: I understand this Authorization will stay in effect at the HCHD unless it is revoked/revised by me **in writing.**
I understand that HCHD is not responsible for information that might be re-disclosed by those persons who I have authorized to receive information.

Initials_____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I,_____, have received a copy of this office's Notice of Privacy Practices.
Print Name

Patient/Guardian Signature:_____ **Date:**_____

Witness:_____Date:_____

Methods of Communication

In addition to a phone call, would you like other forms of an **Appointment Reminder?**

- TEXT Message on my CELL PHONE ____YES ____NO #_____
- EMAIL Message ____YES ____NO _____

----------**For Office Use Only** ----------

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____Individual refused to sign _____Communications barriers prohibited obtaining the acknowledgement
_____An emergency situation prevented us from obtaining acknowledgement _____Other (Please, specify)