



CALDWELL COUNTY HEALTH DEPARTMENT

Health Director
Denise M. Michaud

2345 Morganton Blvd., Suite B • (828) 426-8400 • FAX (828)426-8450 • www.caldwellcountync.org

Mission: To Promote, Protect, and Improve the Health of Our Community

Acknowledgement of Receipt of Notice of Privacy Practices

Caldwell County Health Department is providing you a copy of our Notices of Privacy Practices. This notice provides information about your rights as a patient of our agency and whom you may contact at our office to ask questions about or privacy practices. By signing this form, you agree that you have had the opportunity to read our Notice of Privacy Practices.

I have received a copy of the Notice of Privacy Practices from Caldwell County Health Department.

Patient's Name (please print): _____

Signature of Patient (or representative): _____ Date: _____

Use and Disclosure of Health/Medical Information

I give my voluntary consent for Caldwell County Health Department to use and disclose health/medical information regarding the patient identified above for purposes of treatment, payment and healthcare operations. I understand that health/medical information used and disclosed may include information about communicable diseases (such as HIV). I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it. I understand that this consent is valid until I revoke it and that if I want to revoke this consent I must do so in writing.

Patient Signature: _____ Date: _____

Responsible Party (ies): _____ Date: _____

Relationship to Patient: Self Spouse Parent Other: _____

Witness: _____ Date: _____

Request to Release Information

I hereby authorize Caldwell County Health Department to release any information about myself and my account to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Online Health Management Tool (future use)

Care Connect is a tool that will provide online access to portions of your electronic medical record. It's free, secure and easy to use.

If you would like an invite once this system is implemented please sign here: _____

Provide us with a confidential email address which will be used to give you access to Care Connect as well as to contact you in the event of a breach in our privacy practices. Email: _____

If you would like to decline providing an email, please sign here: _____ Date: _____

