

# Public Health – Seattle & King County

## Notice of Privacy Practices

### Acknowledgement of Receipt – Please Sign Below

HIPAA requires that we make the Notice of Privacy Practices available to you. We ask that you sign and date this form. **When you sign and date this form you are agreeing that you were given a copy of the Notice of Privacy Practices. You are not agreeing to what the notice says.**

Usually parents sign for children who are minors (under the age of 18). There is an exception when a minor seeks services for the following: family planning, sexually transmitted disease testing/treatment, outpatient mental health treatment or outpatient alcohol and drug abuse treatment. Under state law, minors may consent to their own treatment for these services. When this happens, they will be asked to sign this form for themselves.

For more information, please read the attached Notice of Privacy Practices.

*The undersigned has received the notice of Privacy Practices of Seattle – King County Department of Public Health.*

**Signature:**

  
**Sign**

**Date:** (mm/dd/yyyy)

**Relation to Patient:**

# Public Health – Seattle & King County

## Consent to Bill and Treat

### Acknowledgement of Receipt – Please Sign below

**Release of Benefits and Information:** I authorize my insurance benefits to be paid directly to the medical provider. I am financially responsible for any balance due. I authorize the medical provider or Insurance Company to release any information required for this claim. I certify that the information that I provided is accurate, to the best of my knowledge.

**Consent for Treatment:** I hereby grant permission to Public Health - Seattle & King County to perform such medical/dental procedures as may be professionally deemed necessary or advisable for my diagnosis and treatment. In the event that the patient is an adolescent (13-17 years of age) requesting general medical/dental services, consent is specifically given for care when said adolescent presents him/herself for treatment in my absence.

**Signature:**

  
**Sign**

**Date:** (mm/dd/yyyy)

**Relation to Patient:**