

Maple Street Clinic  
109 E. Maple  
Gillespie, IL 62033  
217-839-1526 – Medical/Behavioral  
217-839-4110 – Dental



Morgan Street Clinic  
1115 Morgan Street  
Carlinville, IL 62626  
217-854-3692 – Medical/Behavioral  
217-854-6823 – Dental

**Acknowledgment of Notice of Privacy Practices**

My signature below indicates that I have been given an opportunity to read the Notice of Privacy Practices for the **Macoupin County Public Health Department**, and to have any questions answered before signing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If signed by someone other than the patient, please indicate relationship to patient:

- ( ) Parent or guardian of minor patient
- ( ) Guardian or conservator of an incompetent patient
- ( ) Beneficiary or personal representative of deceased patient

**Consent to release Information to Designated Family Member of Caregiver**

The names listed below are allowed to have information released to them from Macoupin County Public Health Department with the undersigned consent.

_____	_____
Name to receive information and relationship	Type of information <b>not</b> to release
_____	_____
Name to receive information and relationship	Type of information <b>not</b> to release
_____	_____
Name to receive information and relationship	Type of information <b>not</b> to release

This consent remains in effect for one (1) year period and will be updated and signed on a yearly basis or as needed per patient request. This consent may be revoked at any time upon written request.

**FOR OFFICE USE ONLY:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If patient or patient’s representative refuses to sign this acknowledgement:

( ) Efforts to obtain: \_\_\_\_\_

( ) Reason patient refused to sign: \_\_\_\_\_