

**BAKER COUNTY HEALTH DEPARTMENT  
SCHOOL BASED HEALTH CENTER**

**PRIVACY PRACTICES ACKNOWLEDGEMENT AND CONSENT**

I acknowledge that I have the right to receive and review a written description of how Baker County Health Department and School Based Health Center will handle health information about me. This written description is known as Notice of Privacy Practices and describes the uses and disclosures of my health information; the information practices followed by the employees, staff, and other office personnel of Baker County Health Department and School Based Health Center; and my rights regarding my health information.

I acknowledge that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices. I also understand that a copy of a summary of the most current version of Baker County Health Department and School Based Health Center Notice of Privacy Practices in effect will be posted in the waiting/reception area.

By signing below, I agree that I have reviewed the information above and that I have received a copy of the Notice of Privacy Practices.

**CARE EVERYWHERE**

Baker County Health Department is part of an organized health care arrangement including participants in the OCHIN, Inc. A current list of OCHIN participants is available at <http://www.ochin.org/our-members/ochin-members/>. As a business associate of Baker County Health Department, OCHIN supplies information technology and related services to Baker County Health Department and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by Baker County Health Department with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

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**Client Name (Print)**

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**Date**

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**Client/Parent/Guardian Signature**

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**Date**

Baker County Health Department (BCHD) is available to all, that no individual is excluded from participation, denied benefits, or subject to discrimination on the grounds of race, color, or national origin, age, sex, disability, sexual orientation, religion, culture and/or financial status.