



700 EAST OAK STREET
CANTON ILLINOIS 61520
Phone: 309-647-1134
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Contact Us On The Web At:
www.fultoncountyhealth.com

Astoria Sub-office
309-329-2922

Cuba Sub-Office
309-785-5300

FULTON COUNTY HEALTH DEPARTMENT

An Equal Opportunity Employer and Provider

PATIENT REGISTRATION

First Name: _____ MI _____ Last Name: _____

Birthdate: _____ Age: _____ Home Phone: _____

Address: _____ CellPh: _____

City: _____ State: _____ Zip: _____

Medicaid Id#: _____ Other Insurance: _____

Pharmacy Name and Address: _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, (patient name) _____, hereby acknowledge that I received the "Notice of Privacy Practices" from the Fulton County Health Department dated April 14, 2003. I understand that the health department is already authorized to use the information gained to bill me, my insurance company, or any other potential sources of reimbursement, such as government programs in which I am enrolled or qualify for services.

DATE

SIGNATURE

If signature different from client name, please print name and relationship to client:

FCHD: 11/09