

# PLEASE KEEP THIS SIGN-IN SHEET IN YOUR RECORDS.

Local Site Coordinator: \_\_\_\_\_

Bureau of Home and Community Services  
Alabama Department of Public Health  
The RSA Tower, Suite 1200  
Montgomery, AL 36104

Agency Name: \_\_\_\_\_

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

(334) 206-5711 Fax: (334) 206-5724

Agency Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

## “Patient Rights and Responsibilities”

November 14, 2007

Sign-In-Sheet

Name (Please Print)	Class/ Title	Program/ Department	County/ Bureau Site Code	Signature
<i>John Doe</i>	<i>HHA</i>	<i>HH</i>	<i>616HH</i>	<i>John Doe</i>

If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited