

## ***Notice of Privacy Practices -- Acknowledgement***

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to have corrections made to that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our Office Manager at 206-781-2206.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

This form acknowledging your receipt of our **Notice of Privacy Practices** will be retained in your medical record.

***By my signature below I acknowledge receipt of the Notice of Privacy Practices.***

\_\_\_\_\_  
Signature of patient or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name (if signed by representative of patient)

\_\_\_\_\_  
Relationship to Patient (parent, legal guardian, etc.)

### FOR STAFF USE ONLY

In cases where you have offered a Notice of Privacy Practices to the patient, and the patient has declined to receive the notice, or to sign acknowledgment of receipt, indicate your action below:

- Patient was offered the Notice of Privacy Practices but declined to take or read it.
- Patient was given the Notice of Privacy Practices but declined to sign this acknowledgment of receipt.
- Patient was given the Notice of Privacy Practices but I was unable to get a signature from the patient at this time acknowledging receipt of the notice.

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date