



## Notice of Privacy Practices Acknowledgment

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 correct 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 Privacy Officer at 509-249-5062.

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.

### In addition, do we have your permission to:

Leave a message on your answering machine at home?

Yes  No  Do not have an answering machine

Leave a message at your place of employment?

Yes  No  Retired/Not employed

Send an appointment reminder post card to your home address?

Yes  No

Discuss your medical condition with a member(s) of your family?

Yes, please print the name of those members below  No  Does not apply

Name

Phone Number

_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship (parent, legal guardian, personal representative)

**(Notation, if any, by staff)**

This form will be retained in your medical record.

Policy effective date: \_\_\_/\_\_\_/\_\_\_ Revision date(s): \_\_\_/\_\_\_/\_\_\_

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