

WASHINGTON NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT

I keep a record of the health care services I provide you. The Washington Notice Form describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge:

- receipt of the Washington Notice Form of Privacy Practices that went into effect April 14, 2003.**

- I chose not to receive a copy of the Washington Notice Form of Privacy Practices that went into effect on April 14, 2003,**

Signature of Patient or legally authorized individual

Relationship
(self, parent, legal guardian,
personal representative)

Printed Name

Date

(Notation, if any, by staff)

Staff Signature

Date

This form will be retained in your medical record.