



Receipt of Notice of Privacy Practices —Written Acknowledgement Form

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 its contents by contacting Nathan Geigle at 360.256.4425 or a member of the HIPAA task force.

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

I, _____, have received a copy of
Print patient name
 Ear, Nose and Throat Clinic of the Northwest's Notice of Privacy Practices.

 Signature of patient, parent or legal guardian

 Date



 Patient refused to sign

 Date

 Signature of employee witnessing refusal to sign

 Date

This form will be retained in your medical record.