

Notice of Privacy Practices

Patient Name: _____ Chart #: _____

This notice takes effect on _____. It is subject to change as described below.

On the date this notice takes effect, our privacy officer is: Sandra Isom
Phone: (360) 458-7533 Address: 1304 Yelm Ave E A109, Yelm, WA 98597

This is an abbreviated Privacy Statement. Please contact our privacy officer for a complete Privacy Statement.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at this office. We need this record to provide you with the highest quality of care and to comply with local, state, and federal laws. This notice will tell you about the ways we may use and disclose your medical health care information. We also describe your rights and duties we have regarding the use and disclosure of your medical information.

Law requires us to:

- Keep your medical information private
- Make this notice available to you describing our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of the notice that is now in effect.

We have a right to:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of changes to privacy practices:

- Before we make any important changes in our privacy practices, we will change this notice and make the revised notice available at our office upon request.

Use and disclosure of your medical information are as follows: treatment, payment, or healthcare operations; appointment reminders; disaster relief; fundraising; research; funeral director, coroner or medical examiner; specialized government functions; court order, judicial and administrative proceedings; public health activities; victims of abuse, neglect, or domestic violence; workers compensation; health oversight activities; and law enforcement. In all cases, we will release only the minimum amount of information necessary.

You have a right to look at or get copies of your medical information; receive a list of our business associates; receive a list or accounting of disclosures; request that we place additional restrictions on disclosure; request that we communicate with you by different means or to different locations; request that we change your medical information.

If you have any questions about this notice or if you think we may have violated your privacy rights, please contact our privacy officer. You may also submit a written complaint with the U.S. Department of Health and Human Services. The address is 200 Independence Avenue, S.W., Washington, D.C. 20201. You can call toll-free at 1-877-696-6775. We will not retaliate in any way if you choose to file a complaint.

Patient (or legal guardian) signature

Date

Witness

Date