CENTER FOR WOMEN'S HEALTH AT EVERGREEN
12303 NE 130th Lane, #500 Kirkland, WA 98034/425-899-4455/fax 425-899-4434

NOTICE OF PRIVACY PRACTICES—ACKNOWLEDGEMENT

We keep a record of the health care services we provide for 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.

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

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

_____	_____/_____/_____
Printed Name of Patient	Date of Birth
_____	_____
Patient or legally authorized individual signature	Date Time
_____	_____
Printed Name if signed on behalf of the patient	Relationship (parent, legal representative, personal representative)

STAFF NOTATION:

This form will be maintained in your medical record.

Last Update: 4/8/2003

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