

South Island Medical
Notice of Privacy Practices Acknowledgement

We keep a record of the health care services we provide to you. You may ask to see and/or receive a copy of your record. You may also ask to add a correction to your record. We will not disclose your record to others without your permission, 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 360-331-3343.

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.

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 postcard to your home address?

Yes No

Discuss your medical condition with a friend or relative?

No

Yes: please print their name(s) and contact information below:

These permissions will remain in effect until you give us written notice of any changes.

Name(s)

Phone Number(s)

I acknowledge receipt of the **Notice of Privacy Practices**:

Patient or legally authorized individual

Date

Time

Printed name if signed on behalf of patient

Relationship: parent, legal guardian, etc.