

Greenlake Primary Care Notice of Privacy Practices Acknowledgement

We keep a record of the health care services we provide you. We will not disclose your record to others unless you direct us to do so, unless the law authorizes or compels us to do so, or for the coordination of your care with another healthcare provider.

You may see your record and/or get information about it by contacting your practitioner.

You may ask for a copy of the record. There may be a record-copying charge, unless you are asking that records be sent to another practitioner. You may also ask to correct your record.

Our [Notice of Privacy Practices](#) describes in more detail how your health care record may be used and disclosed, and how you can access your information. Copies are available at our office or on our website: www.greenlakeprimarycare.com.

I acknowledge that I have had the opportunity to review the Notice of Privacy Practices. This signed acknowledgement form of my review will be retained in my medical record, in accordance with HIPAA Privacy Act regulations.

Patient Name _____ Date of Birth _____

Signature of Patient/Guardian/ Legal Surrogate for Health care

Date

name of signer

Relationship (parent, legal guardian, personal representative)

Printed

Pediatric Patients only: I hereby give my permission to Greenlake Primary Care to display on their bulletin board any pictures of my children that I supply to the clinic. Yes No

Signature _____ Date _____

(Parent, legal guardian, personal representative)

(Last update 5/28/08)