

NOTICE OF PRIVACY PRACTICES

We keep a record of the health care services we provide to you. You may ask to see and copy that record. You may ask to correct that record. We will not disclose your record to other 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 Lower Columbia Medical Center Office Manager at 360-423-0960.

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

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

Patient or legally authorized individual signature

Date

Time

Printed Name if signed on behalf of the patient

Relationship
(parent, legal guardian, personal representative)

(Notation, if any by staff)

This form will be retained in your medical record.
Last update: September 14, 2003