

Bothell Pediatric & Hand Therapy

Notice of Privacy Practices

Acknowledgement

We keep a record of the health care service 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. We have the right to change our policy. If we change our Notice, you may obtain a revised copy by contacting our office.

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

PRINTED Name of Patient

SIGNATURE of Patient or Legally Authorized Individual

Date and Time

PRINTED Name if signed on behalf of the patient

Relationship to Patient

This form will be maintained in your record.