PEDIATRIC
associates

Date _____

NOTICE OF PRIVACY PRACTICES

Pediatric Associates has a responsibility to protect the privacy of your health care information and to provide a Notice of Privacy Practices that describes how your health care information may be used and disclosed, how you can access your health care information, and whom to contact if you have questions, concerns or complaints.

We may change the Notice of Privacy Practices at any time, and you may contact Cindy Strandberg at (360) 456-1600 ext 104 to obtain a current copy of the Notice of Privacy Practices of to ask questions.

By my signature below I acknowledge receipt of the Notice of Privacy Practice given to me by a representative of Pediatric Associates.

_____

Signature Printed name Relationship to patient Date

For Office Use Only

Office staff complete below:

I have attempted to obtain the parents signature on this form, but was not able to obtain for the reason(s) listed below:

Reasons:_____

_____

_____

Date_____ Staff member's signature_____

_____

Patient Name Date of Birth