

**YELM FAMILY MEDICINE  
PO BOX 760  
202 CULLENS ROAD NW  
YELM WA 98597**

**NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT**

We keep a record of the health care services we provide 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 Medical Records Department.

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.

**\*\*It is okay to leave a message on my personal answering system. This message may include your specific health information. Ie: test results, medications, and appointments**

Yes \_\_\_ No \_\_\_

**\*\*It is okay to call me at work regarding healthcare information.**

Yes \_\_\_ No \_\_\_

Additional comments: \_\_\_\_\_

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

\_\_\_\_\_  
Patient or legal 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 4/15/03