

# Notice of Privacy Practices Acknowledgment

San Juan Healthcare, PC 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 San Juan Healthcare, PC at 360.378.1338 to obtain a current copy of the Notice of Privacy Practices or to ask questions.

By my signature below, I agree that I have received the Notice of Privacy Practices of San Juan Healthcare, PC.

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Printed name of patient \_\_\_\_\_

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Patient or legally authorized individual's signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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Printed name if signed on behalf of the patient \_\_\_\_\_ Relationship (parent, legal guardian, personal representative) \_\_\_\_\_

This form will be retained in your medical record.

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San Juan Healthcare may leave a message on my answering machine regarding test results or instructions about an appointment for testing or specialist consultation.

Circle One: YES NO

San Juan Healthcare is authorized to give verbal and/or written information on my protected healthcare information to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

### For Office Use Only

Office staff complete below:  
I have attempted to obtain the patient's signature on this form, but was not able to obtain it for the reason(s) listed below:

Date: \_\_\_\_\_ Staff member initials: \_\_\_\_\_

Reasons: \_\_\_\_\_