

Notice of Privacy Practices

Acknowledgement

Green Lake Natural Medicine is required to provide you with a copy of its Notice of Privacy Practices and to obtain written acknowledgement, if possible, that you have received it. You can review our privacy policies on that page. A parent or guardian should sign for a patient under age 18. If you have questions concerning the management of your healthcare information at our clinic, or if you wish schedule an appointment to view your medical record, please call 206-550-7539.

I understand that my provider has the right to change the Notice of Privacy Practices and that I may request a current copy.

My signature below acknowledges that I have (please check one):

_____ been offered a copy of the Notice of Privacy Practices document and have accepted that copy.

_____ been offered a copy of the Notice of Privacy Practices document and have declined a copy. I understand that I can request a copy at any time in the future, and be given a current copy.

Patient Printed Name

Patient Signature

Date

Parent or Guardian Signature (if minor) and relationship to patient

Date