



Notice of Privacy Practices Acknowledgement (HIPPA)

7116 Stinson Avenue – Gig Harbor, WA 98335

Phone: 253-858-9880 - Fax: 253-851-2709

We keep a record of the care we give you. This record contains other health information about you.

We will not disclose your health information to others unless we have your permission to do so or unless the law allows or requires us to do so.

Please note below if you would like your personal information shared with someone:

Name of Person

If you have any questions about your health information or would like a copy of the complete notice of privacy practices that explains your rights, please ask:

Lynne Moore

By signing this form, you are acknowledging you were offered a copy of the Notice of Privacy Practices Acknowledgment (HIPPA)

X _____

Signature of Patient or Legally Authorized Person

Date
