

NOTICE OF PRIVACY PRACTICES- ACKNOWLEDGMENT

We keep a record of healthcare 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 get more information about it by contacting the

NWHC Privacy Officer at



NW Integrative Medicine

Stephen Smith M.D.

1029 N Kellogg St

Kennewick, WA 99336

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.

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

Signature of Patient or legally authorized individual

Relationship to Patient if signed on behalf

Print Patient Name

Print Name of legally authorized individual

Date _____

Time _____