Nancy Dr. BECKER
EARS, NOSE & THROAT ✆ ALLERGY THERAPY ✆ FACIAL PLASTIC SURGERY
1427 Jefferson, Suite 101, Enumclaw, WA 98022 ✆ Office: 360.825.4466 ✆ Fax: 360.825.2064 ✆ www.drnancybecker.com

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can/will be used to:

1. Conduct, plan and direct my treatment and follow-up among multiple healthcare providers who may be involved in that treatment directly or indirectly;
2. Obtain payment from third-party payers;
3. Conduct normal healthcare operation such as quality assessments and physician certifications.

I acknowledge that I can request a copy of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request, in writing, that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you agree, then you are bound to abide by such restrictions.

Patient Name _____

Signature _____ ***Relationship*** _____

Date _____

I, the above named patient, give permission to share/release health information to:

- ***Name*** _____ ***Relationship*** _____
- ***Name*** _____ ***Relationship*** _____
- ***Name*** _____ ***Relationship*** _____
- ***Name*** _____ ***Relationship*** _____

Office Use Only----------

I attempted to obtain the patient's signature in this Acknowledgement of Notice of Privacy Practices, but was unable to do so as documented below:

Reason _____

Date _____ ***Initials*** _____