



114 W. Magnolia St, Suite 439, Bellingham WA 98225
Phone (360) 392-3917 - Fax (360) 392-2803

PATIENT INFORMATION

Date: _____

Legal Name:

Dr/Mr/Mrs/Ms/Miss First Middle Last Suffix

Nickname: _____ Date of Birth: _____ Age: _____ Sex: M or F (please circle)

Street Address City State Zip

Home Phone Cell Phone Work Phone

Email Address

Employer Occupation/Job

Emergency Contact Relationship Emergency Phone

Primary Care Physician _____

Phone: _____ Fax: _____

Health Insurance: _____ ID #: _____

Whom may we thank for referring you to our practice? _____



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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

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

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physicians certifications.

I acknowledge that I have received 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 do agree then you are bound to abide by my such restrictions.

Patient Name _____

Relationship to Patient (if under 18) _____

Signature _____

Date _____

OFFICE USE ONLY

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

Date:

Initial:

Reason: