Columbia Basin PEDIATRICS

"Always There with Nurturing Care"

Notice of Privacy Practices Acknowledgment

Columbia Basin Pediatrics has a responsibility to protect the privacy of your health care information and to provide a Notice of Privacy Practices that describes how your health care information may be used and disclosed, how you can access your health care information, and whom to contact if you have questions, concerns, or complaints.

We may change the Notice of Privacy Practices at any time. For a current copy of our Notice of Privacy Practices you may visit the check in station at our office, visit our website www.columbiapeds.com or you may contact **Tammie Shreve** (509)946-7332.

By my signature below, I agree that I have received the Notice of Privacy Practices of Columbia Basin Pediatrics

Printed name of patient Patient DOB

Printed name of patient Patient DOB

Printed name of patient Patient DOB

Printed name of patient Patient DOB

Printed name of patient Patient DOB

Patient or legally authorized individual's signature Date Time

Printed name if signed on behalf of the patient Relationship (parent, legal guardian, personal representative)

This form will be retained in your medical record.

For Office Use Only

Office staff complete below:

I have attempted to obtain the patient's signature on this form, but was not able to obtain it for the reason(s) listed below:

Date: _____ Staff member initials: _____

Reasons: _____