



Whidbey Community Physicians Notice of Privacy Practices Acknowledgement

We keep a record of the health care 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 or get more information about it by contacting

Robin Foster
Practice Administrator
360-675-6648

Our **Notice of Privacy Practices** describes in more detail how your 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.

Patient Name _____ Date of Birth _____

Patient or legally authorized 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.

275 SE Cabot Drive
Suite B101
Oak Harbor, WA 98277