

Notice of Privacy Practices Acknowledgment

Three Tree Internal Medicine 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, and you may contact Lynn Kriedeman at 206 242 7900 to obtain a current copy of the Notice of Privacy Practices or to ask questions. It is also available on our website www.3treeim.com.

We routinely call the phone number(s) you have listed to remind you of appointments, discuss treatments or give test results. **You must advise in writing if you have other preferences for contacting you.**

Which number is best contact?		OK to leave message?	
<input type="checkbox"/> Home Phone:	(____) _____	Y	N
<input type="checkbox"/> Cell Phone:	(____) _____	Y	N
<input type="checkbox"/> Work Phone:	(____) _____	Y	N

Please list names:

You may leave messages with: _____
 You may discuss my health care with: _____
 Mail only
 Other specific requests _____

By my signature below, I agree that I have received the Notice of Privacy Practices of Three Tree Internal Medicine.

Printed name of patient or legally authorized individual Relationship (parent, legal guardian, personal rep)

Patient or legally authorized individual signature Date Time

This form will be retained in your medical record.

For Office Use Only:

below: _____ le to obtain it for the reason(s) listed

Date: _____ Staff member initials: _____

Reasons: _____

