**CHRISTIAN FAMILY CARE, INC**

**8511 S Tacoma Way #200 33507 9th Ave S Bldg A**

**LAKEWOOD, WA 98499 Federal Way, WA 98003**

**253-588-4015 253-874-5404**

**Acknowledgement of Receipt of Statement of Privacy Practices**

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Christian Family Care, Inc. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted at the facility.

Christian Family Care, Inc. reserves the right to change the privacy practices that are described in the Statement of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Statement of Privacy Practices by requesting that one be mailed to me.

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| **ADDITIONAL DISCLOSURE AUTHORITY**  In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below. | | | | |
| ANY MEMBER OF MY IMMEDIATE FAMILY |  | **YES** |  | **NO** |
| SPOUSE ONLY |  | **YES** |  | **NO** |
| OTHER (PLEASE SPECIFY): |  | **YES** |  | **NO** |

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**Name of Patient** or Personal Representative **Signature of Patient** or Personal Representative

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Date Description of Personal Representative’s Authority

**OFFICE USE ONLY BELOW THIS LINE**

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| **Record of Acknowledgement not obtained** | | | | | |
| PROVIDED PRIOR TO TREAMENT? |  | **YES** |  | **NO** |  |
| DATE PROVIDED: |  | | | | |
| REASON FOR DENIAL: |  | NEEDED MORE TIME TO REVIEW STATEMENT OF PRIVACY PRACTICES. | | | |
|  |  | WANTED TO CONSULT WITH ANOTHER PERSON, BEFORE SIGNING. | | | |
|  |  | UNABLE TO SIGN. | | | |
|  |  | REASON NOT GIVEN. | | | |
|  |  | OTHER (EXPLAIN): | | | |