201 Tahoma Blvd SE Ste 102, Yelm, WA 98597

Notice of Privacy Practices Acknowledgment

Yelm Family Medicine, PLLC, 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 **Yelm Family Medicine, PLLC** to obtain a current copy of the Notice of Privacy Practices or to ask questions.

****It is okay to leave a message on my personal answering system. This message may include your specific health information. Ie: test results, medications, and appointments.**

Yes_____ No _____

****It is okay to call me at work regarding healthcare information.**

Yes_____ NO_____ N/A _____

The following people are allowed access to my healthcare information:

_____

The following people (18 yrs and older) are allowed to be linked to my patient portal:

_____

(NAME AND D.O.B.)

By my signature below, I agree that I have been offered and/or received the Notice of Privacy Practices of Yelm Family Medicine, PLLC.

_____

Printed name of patient **(age 13 and older)**

_____

Patient or legally authorized individual's signature **(age 13 and older)** Date Time

_____

Printed name if signed on behalf of the patient **(age 12 and under)** Relationship (parent, legal guardian, personal representative)

Can you

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: _____

Reason(s): _____