health care or about the status of you account. If you would like to receive this information at an address other than you home or, if you would like the information in a different form, please advise is in writing as to your preferences.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or for as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy, or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your patient file and the health protected health information therein. We are also required to provide you with this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice, we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

Information that we use or disclose may be subject to re-disclosure by the personal persons to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to: Stacey Biener, office manager, (206)782-8800.

If you would like further information about our privacy policies and practices please contact: Scott Lynch, D.C.(206)782-8800

THIS NOTICE IS EFFECTIVE AS OF __________. THIS NOTICE, AND ANY ALTERATIONS OR AMENDMENTS MADE HERETO WILL EXPIRE SEVEN YEARS AFTER THE DATE UPON WHICH THE RECORD WAS CREATED.

A COPY OF THIS NOTICE IS AVAILABLE UPON REQUEST.

________________ ________________ __________
Name (Printed Please) Signature Date

If you are a minor or being represented by another party

________________ ________________ __________
Personal Representative Printed Personal Representative Signature Date

____
Description of the authority to act on behalf of the patient

Print to PDF without this message by purchasing novaPDF (http://www.novapdf.com/)