

PATIENT RIGHTS AND RESPONSIBILITIES

Patients and providers have rights and responsibilities to one another to insure that the best health care services are provided.

- Patients and providers have the right and responsibility to treat one another respectfully.
- Patients have the right to confidentiality when receiving care from providers.
- Patients have the responsibility to supply accurate and complete medical history information to the provider.
- Patients have the right to know that a record will be kept of the health care services provided to them. They may ask to view, obtain a copy, or amend or correct that record. Providers will not disclose a patient's record to others unless directed to do so, in writing, by the patient, or unless the law authorizes or compels them to do so. (RCW 70.02.120)
- Providers have the responsibility to inform patients about their health condition and include the patient in decisions affecting their care.
- Patients have the right to bring questions, concerns, complaints or compliments about any aspect of one's care or service to the individual provider, their health plan or provider network.

MEDICAL RECORDS – Notice of Privacy Practices

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or my representative, or unless it is required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that any questions I have will be answered to the best of my practitioner's ability.

Please be aware that we are unable to provide medical records, including lab results, on a walk-in basis. In all cases a medical records release form must be filled out, including patient signature and complete date in order for us to comply with the law and protect your confidentiality. Requests will be processed and records mailed out within 15 working days. There is no charge for records mailed directly to other healthcare providers. However, there may be a charge for records released directly to a patient and/or other agencies.

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

This form acknowledging your receipt of our Notice of Privacy Practices will be retained in your medical records.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Name of patient (print name): _____

Signature of Patient: _____ Date: _____

Signature of Patient Representative or Guardian: _____