



Tacoma (253) 572-7320  
Puyallup (253) 841-4347  
Lakewood (253) 588-7778  
Gig Harbor (253) 851-0404

## Notice of Privacy Practices Acknowledgement

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We keep a record of health care services we provide you. You may ask to see and obtain a copy of that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Wendy Fitch at (253) 396-4806 between 8 am and 4 pm Monday through Friday.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

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

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Patient or Legally Authorized Individual Signature

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Date

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Printed Patient Name

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CSC Account Number

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Printed Name if Signed on Behalf of the Patient  
(parent, legal guardian, personal representative)

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Relationship

\_\_\_\_\_ Patient declined Notice of Privacy Practices

\_\_\_\_\_ Patient declined to sign Notice of Privacy Practices Acknowledgement

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CSC Employee First and Last Name

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Date

This form will be retained in your medical record.