



Northwest Endoscopy Center, LLC Notice of Privacy Practices Acknowledgment

We keep a record of the health care services we provide you. You may ask to see and copy 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 our offices.

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* dated May 12, 2020. This form will be retained in your medical record.

Patient or legally authorized individual signature

Date and Time

Printed name if signed on behalf of the patient

Relationship (parent, legal guardian, personal representative)

For office use only

The patient presented for his/her procedure on _____ and was provided with a copy of NWG/E's Privacy Notice. A good faith effort was made to obtain a written acknowledgement of receipt of the notice. However, an acknowledgement was not obtained because:

- Patient refused to sign
- Patient was unable to initial or sign because: _____

- There was a medical emergency
- Other reason: _____
