NORTHWEST
Vein & Aesthetic Center
4700 Point Fosdick Dr. NW Suite 307 Gig Harbor, WA 98335
253-857-8346 (VEIN) www.nwveins.com

ACKNOWLEDGEMENT OF RECEIPT AND/OR OFFER OF NOTICE OF PRIVACY PRACTICES

Dear Patient:

Federal law requires us to provide you with a Notice of Privacy Practices, which is our explanation of how we use and disclose your health information, and to ask you to acknowledge that you have received the notice.

You have the right to review our notice before signing this acknowledgment and if you have any questions, to ask for an explanation of any part of the notice, or any other aspects of our use and disclosure of your health information. The terms of our notice may change as the law and our practices change. If we change our notice, we will have revised copies available to you when you visit us, and also send you a revised copy upon your request.

By signing this form, you acknowledge that you have either received, or have been offered and refused, our notice of privacy practices.

Patient Name _____

Patient/Representative
Signature _____

Date _____