

Northwest Family Medicine

Timothy R. Peters, MD Sarah M. Peters, MD Robert L. Larson, Jr., MD
605 Welch Street, Silverton Oregon 97381 | (503) 873-6987 | Fax (503) 873-8923

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have been given the opportunity to receive this office's Notice of Privacy Practices and understand I may refuse to sign this acknowledgement.

Print Patient Name

Date of Birth

Print Legal Guardian's Name (if patient is under 18 or medically unable)

Patient or Legal Guardian Signature

Today's Date

Please indicate the family members or other persons, if any, which we may inform about your general medical condition and diagnoses (including treatment, payment, health care operations, appointments or anything in the entire medical record):

- Do not allow anyone except myself (the patient) access
- Patient's Spouse _____
- Patient's Parents _____
- Patient's Children _____
- Other _____

Please write the names on the lines.

Is there any health information you do not want disclosed? No____ Yes____

Please explain if Yes: _____

Please make up a password for our office. You may be asked for it if you call in for health information, to verify you are the one calling. Please also put down a hint that relates with your password that we may prompt you with in the event that you forget your password.

PASSWORD: _____

HINT: _____