



**RECEIPT OF
NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

Federal law requires that we provide you with a copy of our privacy notice.

The privacy notice explains how we may use and disclose health information about you or your child. We ask that you sign this form for our records so that we may document your receipt of the notice.

If you have questions about the privacy notice, please feel free to contact our privacy officer. The name and contact number of the privacy officer are listed on your copy of the privacy notice.

Patient Name(s) and Date(s) of Birth:

I have received a copy of the privacy notice for Pediatric Associates of the Northwest, P.C.

Signature of Patient or Parent/Guardian if patient is a minor

Date

If parent/guardian is unable to acknowledge receipt, staff member providing notice to complete this section.

The privacy notice was provided to:

_____ on _____
Name and Relationship to Patient Date

The parent/guardian was unable to acknowledge receipt of the privacy notice for the following reason:

Beaverton Office

14795 SW Murray Scholls Dr., Ste. 121
Beaverton, OR 97007
Tel: 503-673-1071
Fax: 503-227-0676

Portland Office

2701 NW Vaughn St., Ste. 360
Portland, OR 97210
Tel: 503-227-0671
Fax: 503-227-0676

Tigard office

7150 SW Dartmouth St.
Tigard, OR 97223
Tel: 503-968-3480
Fax: 503-227-4589