

Vancouver Spine & Orthopedic Rehabilitation Center, PLLC
11802 NE 65th Street, #100 Vancouver, WA 98662
Phone: (360) 253-6883 Fax: (360) 892-7040

Patient Privacy Summary

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We are required by law to have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time.

You have the right to receive a copy of our most current Notice in effect. If you have not yet reserved a copy of our current Notice, please ask at the front desk and we will provide you with a copy.

If you have any questions, concerns or complaints about the Notice or your medical information, Please contact our office at 360-253-6883.

Signature

Date:

() I authorize release of my private health information to: _____
Ie: spouse/child/parent/other

Relationship to patient: _____ Expires: _____

I wish to be contacted in the following manner: (check all that applies)

- | | |
|---|---|
| () Home Telephone # (____)-_____ | () Written Communication |
| () Okay to leave detailed message | () Okay to mail to my home address |
| () Leave message with call back name and number only | () Okay to mail to my work/office address |
| | () Okay to fax to (____)-_____ |
| () Work Telephone # (____)-_____ | () Cellular Telephone # (____)-_____ |
| () Okay to leave detailed message | () Okay to leave detailed message |
| () Leave message with call back name and number only | () Leave message with call back name and number only |