

**Mitchell Center for Natural Healing, PLLC**  
8814 Roosevelt Way NE  
Seattle, WA 98115  
206-284-6040

**Notice of Privacy Practices -- Acknowledgement**

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 have corrections made to 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. Such circumstances may include: a need to know basis with concerns to your other physicians, pharmacists, laboratories, and other medical professionals; where allowed by law without permission due to a patient who might endanger others, or has a communicable disease that we are required to report to the Health Department or Center for Disease Control. You may see your record or get more information about it by contacting our Office Manager at 206-284-6040.

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.

This form acknowledges your receipt of our **Notice of Privacy Practices**. It will be retained in your medical record.

*By my signature below I acknowledge receipt of the Notice of Privacy Practices.*

\_\_\_\_\_  
Signature of patient or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name (of patient and authorized representative)

\_\_\_\_\_  
Relationship to Patient (parent, legal guardian, etc.)