



12900 NE 180th St. Bothell, Wa. 98011
Phone: 425-424-2100 Fax: 425-424-2101

NOTICE OF PRIVACY PRACTICE SUMMARY

This summary is to inform you of how your health information may be disclosed. A full notice of privacy rights will be provided to you upon request.

Northshore Family Practice uses health information about you for treatment, to obtain payment for treatment with your authorization as required for administrative purposes, and to evaluate the quality of care that you receive.

Northshore Family Practice will not disclose your information to others unless you submit a signed authorization for us to do so, or unless the law authorizes or requires us to do so.

Northshore Family Practice may use your information to provide appointment reminders, information about treatment alternatives, office announcements, or other health related issues

Northshore Family Practice may disclose your information for public health activities to funeral directors to enable them to carry out their activities, for organ and tissue donations, research, health and safety, and governmental function in order to comply with workers compensation laws and regulations.

You have a right to request restriction, retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization, and request an accounting of your health records.

You may complain to the Privacy Officer, Dr. Barbara Mendrey, and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Northshore Family Practice must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable request you may make to communicate health information by alternative means or by alternative locations, and obtain your written authorization to use or disclose your health information other than those listed above and permitted under law.

If you have any questions, comments, or concerns please contact Dr. Barbara Mendrey at 425-424-2100.

Patient/Guardian Signature: _____ Date: _____

Patient Name: _____ Date of Birth: _____