

# Notice of Privacy Practice

## Acknowledgement

### Monroe General Surgery and Puget Sound Vein Center

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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 correct 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. You may see your record or get more information about it by contacting Medical Records.

Our NOTICE OF PRIVACY PRACTICES describes in more detail how your health information may be used and disclosed, and how to access your information.

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

\_\_\_\_\_  
patient or authorized representative

\_\_\_\_\_  
Date

Signature of

\_\_\_\_\_  
name if signed on behalf of patient

\_\_\_\_\_  
Relationship

Printed

(Notation, if any, by staff)

This form will be retained in your medical record. Privacy Act Form 04/2003



