Notification of Privacy Practices

I, ___________________________hereby give my consent for Community Health Center of Snohomish County (CHC) to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations. (The Notice of Privacy Practices provided by CHC describes such uses and disclosures more completely.)

I have received a copy of the Notice of Privacy Practices prior to signing this consent. I understand CHC reserves the right to revise its Notice of Privacy Practices at any time. CHC will keep a posted copy of the most current notice in the facility. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request.

With this consent, CHC may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out treatment, payment and health care operations, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, CHC may mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment and health care operations, such as appointment reminder cards and patient statements.

I understand I have the right to request certain restrictions on how CHC uses or discloses my PHI to carry out treatment, payment and health care operations. However, CHC is not required by law to agree to a requested restriction.

By signing this form, I am consenting to allow CHC to use and disclose my PHI to carry out treatment, payment and health care operations.

________________________________	__________	____________________________	__________
Signature of Patient (Parent/Legal Guardian)	Date	Witness Signature (CHC Staff)	Date

________________________________	__________	____________________________________
Interpreter Signature	Date	Interpreter Agency

Internal Use Only:

NPP Refused ☐