

Ericson Hand and Nerve Center

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Mountlake Terrace, WA 98043
425-776-4444

PRIVACY NOTICE HIGHLIGHTS

*This short notice describes how medical information about you may be used or disclosed, and how you can obtain information about this process. Accompanying this short notice is our complete **Privacy Notice** containing details about our current privacy policies. Please refer to the complete **Privacy Notice** for additional information. **We are required by law to obtain acknowledgement that you have read this information.***

SCOPE

This notice applies to Ericson Hand Center patients, office staff, and those associated with Ericson Hand Center who provide health care services. All employees are trained in the protection of patients' privacy.

USES AND DISCLOSURES

As explained in our complete **Privacy Notice**, we may use or disclose health information about you, without additional notification or authorization:

- For treatment, payment, and administrative activities
- To other health care providers involved in your care
- For medical research, medical education, and public health activities

For most other purposes, except as required by law, we require your written request to disclose your health information to anyone.

YOUR RIGHTS AND CHOICES

You may at any time:

- Review, copy, or ask us to amend your health information
- Ask for a list of disclosures we have made of your health information
- Ask us to communicate your health information to an alternative address
- Ask us not to share your health information with specific persons
- Discuss the privacy of your health information
- File a complaint regarding the privacy of your health information
- Change your mind regarding any choice you may have made about privacy issues.

To exercise any of your rights, or if you have any questions or concerns about the privacy of your health information or our privacy practices, please contact our **Privacy Officer**, Sandra Montes-Anderson, in writing.

Please sign here to confirm your reading the short notice, and the opportunity to read our complete Notice of Privacy Practices:

Signature: _____ Date: _____

Patient Name:
Chart #:
DOB:

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