

Lifespring Cancer Treatment Center
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Seattle, WA 98102
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Fax: (206) 686-1268

Dear Patient

Federal law requires us to provide you with a Notice of Privacy Practices, which is our explanation of how we use and disclose your health information, and to ask you to acknowledge that you have received the Notice.

You have the right to review our notice before signing this acknowledgement, and if you have any questions, to ask for an explanation of any part of the Notice, or any other aspects of our use and disclosure of your health information. The terms of our Notice may change as the law and our practices change. If we change our Notice, we will have revised copies available to you when you visit us, and also send you a revised copy upon your request.

We appreciate you signing this form, which acknowledges that you have received, or have been offered and refused, a copy of our Notice.

Patient Name: _____

Patient/Representative Signature: _____

Date: _____