

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

LG STECK MEMORIAL CLINIC,PS

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also correct that record. We will not disclose your record to others unless you direct us to do so or the law authorizes or compels us to do so. You may see your record or get information about it by contacting our privacy officer or our Medical Records Department At 360-740-4076.

Medication reconciliation is performed at each visit as well as shared between the healthcare community which includes not limited to (pharmacies, clinics and hospitals). Reconciliation is a process of comparing patient's medications that a patient has been taking.

For continuum of care, anytime a patient enters a health care organization, whether an emergency department, ambulatory clinic, an invasive procedure department or any there setting or service if medications are used or the or the patient's response to the treatment could be affected by the medications the patient is currently taking . This process avoids errors, omission, duplication of therapy, drug-drug-disease interactions, etc.

Please initial below, for acknowledgement of medication reconciliation;

_____ (Patients initial or representative)

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature I acknowledge that I have been given a copy of the notice of Privacy Practices.

Patient or legally authorized individual signature

Date

Time

Print Patient's Name

Patient's Date of Birth

Printed Name if signed on behalf of the patient

Relationship
(Parent, legal guardian, personal representative)

This form will be retained in your medical record

For office use only: