

In accordance with our Notice of Privacy Practices, you have the right to exercise your Privacy Rights. Those rights are summarized for your review on the back of this page. Contact information is provided below for your help with these rights.

**Franciscan Health System Care Center of Tacoma
Medical Record Department
6220 South Alaska
Tacoma, WA 98408**

(253) 473-2273, Extension 209

Normal business hours: Monday - Friday, 8:00 a.m. - 4:30 p.m.

PATIENT ACKNOWLEDGEMENT OF RECEIPT

**I acknowledge that I received a copy of the
Franciscan Health System Notice of Privacy Practices dated April 14, 2003.**

Patient signature (or representative)

Date

Relationship to Patient

Witness

In the event the patient or personal representative of the patient did not sign the acknowledgement, check one of the reasons below:

- Emergency Treatment Situation
- Individual unable to sign because of medical condition and personal representative is not available.
- Individual refused. Reason: _____
- Other (explain) _____

Witness

Date

LABEL

† CATHOLIC HEALTH
INITIATIVES

Franciscan Health System

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT**

Summary of Rights for Your Medical Information

This is a summary of your rights regarding the medical information Franciscan Health System Care Center at Tacoma maintains about you. See the Notice of Privacy Practices that you received for more information about each of these rights. This summary is provided for your convenience.

Opt Out. You have the right to “opt out” of having your name published in our facility directory. You may request that we not disclose your presence in our facility to family members, personal representatives, friends or florists who ask for you by name. To “opt out”, please contact the Care Center Medical Record Department.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your written request to the Care Center Medical Record Department. If you request a copy of the information, we may charge a reasonable fee for costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Care Center. To request an amendment, you must submit your written request to the Care Center Medical Record Department. Your request should include a reason that supports your request.

Right to an Accounting of Disclosures. You have the right to receive a list of instances where we have disclosed information for reasons other than treatment, payment, operations or with your authorization. To request this list or accounting of disclosures, you must submit your written request to the Care Center Medical Record Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. To request restrictions, you must submit your written request to the Care Center Medical Record Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. Although we will consider your requests, you should be aware that, under the law, we do not have to agree to change the privacy practices that we have described in this Notice. Further, it is not our normal practice to agree to such changes.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask we only contact you at work or by mail. To request confidential communications, you must submit your written request to the Care Center Medical Record Department. We will accommodate all reasonable requests. We reserve the right to reverse this accommodation if our efforts to reach you at your alternate address for payment purposes fail.

Right to a Paper Copy of the Notice. You have the right to a paper copy of the Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.fhshealth.org. To obtain a paper copy please contact our Care Center Medical Record Department.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our administrative office or with the United States Secretary of Department of Health and Human Services. To file a complaint with our facility, please call Administration, (253) 473-2273. **You will not be penalized for filing a complaint.**