CYNTHIA DESMOND, ARNP
LAURAL SCHABERG, ARNP

1818 South Union Ave Suite 2A Tacoma, WA 98405

PRIVACY PRACTICES ACKNOWLEDGEMENT

Please Read The Following Statements Carefully
A copy of our Notice of Privacy Practices will be provided for your review upon request. By signing this form you consent to the use and disclosure of your protected health information necessary to carry out treatment, payment activities and general healthcare operations.

You have the right to revoke this consent at any time by giving us written notice of your revocation submitted to this office as listed above. Please understand that revocation of this consent will not affect any action we took in reliance on this consent before we received your revocation and that we may decline to treat you or to continue to treat you if you revoke this consent.

Please check how we may communicate regarding health information or appointment reminders.
I wish to be contacted in the following manner (check all that applies):

Home Telephone
____ Leave message with detailed information
____ Leave message with callback number only

Written Communication
____ mail to home address
____ Fax to this number _____

May we contact you at work? Yes ____ No____

Work telephone number
_____ Leave message with detailed information
_____ Leave message with callback number only

Cell Phone
___ Leave message with detailed information
___ Leave message with callback number only

I hereby give permission to Desmond, Schaberg, ARNPs PNWPC to disclose information regarding treatment to: **(please list by name & relationship)**

Spouse/Partner_____ Son/Daughter_____

Others _____

I hereby acknowledge receipt of the Notice of Privacy Practices and have had full opportunity to read and consider the contents of this Consent form and the Notice of Privacy practices. I understand that, by signing this consent form. I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations

NAME (printed) _____ Birth date _____

Signature_____

Date_____

Revised 10/15/2007