

**WILLAMETTE VALLEY CANCER INSTITUTE AND RESEARCH CENTER
ONCOLOGY ASSOCIATES OF OREGON
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**



Willamette Valley Cancer Institute and Research Center (WVCI) has a responsibility to protect the privacy of your health care information. WVCI also has a responsibility to give a Notice of Privacy Practices that describes:

- how your health care information may be used and shared
- how you can get your health care information
- whom to reach if you have questions, concerns, or complaints.

We may change the Notice of Privacy Practices at any time. You may call WVCI at **541-683-5001** to get an up-to-date copy of the notice or to ask questions. **This form will be retained in your records.**

By my signature below, I agree that I have received the Notice of Privacy Practices of Willamette Valley Cancer Institute and Research Center.

Printed Patient Legal Name – First, Middle, Last

Signature of Patient or Patient's Personal Representative	Date	Time
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If this authorization is signed by a patient's personal representative on behalf of the patient, please complete the following:

Name of Personal Representative	Relationship to Patient	Phone Number
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FOR INTERNAL USE ONLY	
<i>If acknowledgment was not obtained, please state the reason:</i>	
PRINTED WVCI EMPLOYEE NAME	SIGNATURE OF WVCI EMPLOYEE

STAFF USE ONLY
RECEIVING STAFF INITIALS: _____ PATIENT MRN: _____

COMMITTEES\FORMS\ADMINISTRATIVE FORMS\FRONT DESK
AUGUST 2023 VERSION 1.1