WILLAMETTE VALLEY CANCER INSTITUTE AND RESEARCH CENTER
ONCOLOGY ASSOCIATES OF OREGON | OREGON SURGICAL WELLNESS
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

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

FOR INTERNAL USE ONLY	
If acknowledgment was not obtained, please state the reason:	
PRINTED WVCI EMPLOYEE NAME	SIGNATURE OF WVCI EMPLOYEE

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