

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 info may be used and shared
- how you can get your health care info
- and 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.

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

Patient Legal Name – First, Middle Initial, Last

Signature of Patient or *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

This form will be retained in your records.

For Internal Use Only

Willamette Valley Cancer Institute and Research Center

If acknowledgement was **not** obtained, please state the reason:

WVCI Employee _____
Printed name

Signature