

# Notice of Privacy Practices – Acknowledgement

## Chet Robachinski, MD

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We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting: Chet Robachinski, MD 509 Olive Way, Suite 204, Seattle, WA 98101

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

**By my signature below I acknowledge receipt of the Notice of Privacy Practices:**

\_\_\_\_\_ **Date** \_\_\_\_\_  
Patient or legally authorized individual

\_\_\_\_\_ Relationship to patient  
Printed name if signed on behalf of the patient

**This form will be retained in your medical record.**