

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT
TOM F. SEMPER, M.D.

I keep a record of the health care services I provide you. You may ask to see and copy that record. You may also ask to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it by contacting:
Tom F. Semper, M.D. at 509 Olive Way, Suite 204, Seattle, Washington 98101

My **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.

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of the patient

Relationship
(parent, legal guardian, personal representative)

This form will be retained in your medical record.