



Notice of Privacy Practices Acknowledgment

Riverbend Psychiatry has a responsibility to protect the privacy of your health care information and to provide a Notice of Privacy Practices that describes how your health care information may be used and disclosed, how you can access your health care information, and whom to contact if you have questions, concerns, or complaints.

We may change the Notice of Privacy Practices at any time, and you may contact our Office Manager at 509-960-7287 to obtain a current copy of the Notice of Privacy Practices or to ask questions.

By my signature below, I agree that I have been informed of or have received the Notice of Privacy Practices of Riverbend Psychiatry.

Printed name of patient

Pt. Date of Birth

Patient signature

Date

This form will be retained in your medical record.