PACIFIC VASCULAR SPECIALISTS

ACKNOWLEDGEMENT AND CONSENT OF NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review carefully.** If you have any questions, please contact our office and ask for the Practice Manager at (503) 292-0070.

I UNDERSTAND that Pacific Vascular Specialists (referred to below as “this Practice”) will use and disclose **health information** about me.

I UNDERSTAND that my health information may include information both created and received by the practice, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I UNDERSTAND and AGREE that this Practice may use and disclose my health information for the following purposes:

1. **For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. Personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care.
2. **For Payment.** We may use and disclose health information about you so the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. We may also use your health information to determine eligibility for health plan or insurance coverage prior to your appointment.
3. **For Healthcare Operations:** We may disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Your health information may be used by insurance plans and to aid providers to improve care, reduce costs, and coordinate and manage health care and services, train staff and comply with the law.
4. **Appointment Reminders.** We will contact you as a reminder that you have an appointment for treatment or medical care at the office. This may include leaving messages on answering machines or with voice messaging services.

I also **UNDERSTAND** that I have the right to receive and review a written description of how this Practice will handle health information about me. This written description is known as a **Notice of Privacy Practices** and describes the uses and disclosures of health information made and the information practices followed by the employees, staff and other office personnel of this Practice, and my rights regarding my health information.

I UNDERSTAND that the **Notice of Privacy Practices** may be revised from time to time, and that I am entitled to receive a copy of any revised Notice. I also understand that a copy or summary of the most current version of this practice’s Notice of Privacy Practices in effect will be available in the waiting/reception area.

I UNDERSTAND that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that this Practice is not required by law to agree to such requests.

BY SIGNING BELOW, I agree that I have reviewed and understand the information above and that I have received a copy of the Notice of Privacy Practices.

BY: ____ DATE: __________________________

(PATIENT)

OR

BY: ____ DATE: __________________________

(PATIENT REPRESENTATIVE)

DESCRIPTION OF REPRESENTATIVE'S AUTHORITY: ____

9155 SW Barnes Rd. Ste. 321 Portland, OR. 97225
PH: 503-292-0070
FX: 503-292-7731

Dr. John W. Wiest
Dr. R. Brad Cook
Dr. John N. Dussel
Erin Bolken, PA-C
Kimberly Grady, PA-C