

# **THE EVERGREEN CLINIC**

**INTEGRATIVE PSYCHIATRY AND WELLNESS MEDICINE**

13128 TOTEM LAKE BOULEVARD NE SUITE 206 KIRKLAND WASHINGTON 98034

## **Notice of Privacy Practices – Acknowledgement**

**We keep a record of the health care services we provide to you. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.**

**I authorize The Evergreen Clinic to disclose my records and contents with:**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Relationship**

**Are there any members of your household with whom we should NOT discuss any of your health care issues?    NO    YES**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Patient**

\_\_\_\_\_  
**Date**