



Notice of Privacy Practices Acknowledgement

www.reboundot.com Bellingham ▪ Lynden

We keep a record of the healthcare services we provide you. You may ask for a copy of your record. You may also ask to correct that record. 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.

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.

Check one box:

- I acknowledge receipt of a copy of the Notice of Privacy Practices.
I have been offered a copy of the Notice of Privacy Practices but have chosen to decline a copy at this time.

Optional:

- In addition to those described in the Notice of Privacy Practices, I give permission for ReBounce to discuss my healthcare and billing information with the following people:

Name Relationship
Name Relationship
Name Relationship

Patient or Guardian Signature Date

Printed Name