



Vancouver Clinic
5904 NE Fourth Plain Blvd. #101
Vancouver, WA 98661
(E 4th Plain and 59th)
Tel: 360-696-8888
Fax 360-326-9556

Portland Clinic
2440 SE 89th Ave, Ste 1
Portland, OR 97216
(SE Division and 89th)
Tel: 503-771-5555
Fax 771-5556

Beaverton Clinic
4130 SW 117th Ave, Ste F
Beaverton, OR 97005
(SW Canyon Rd and 117th)
Tel: 503-574-2222
Fax: 503-574-2220

HIPAA Patient Consent Form

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing the consent. The terms of the notice may change. You can contact our office for an updated copy.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or healthcare operations. We are not required to agree with these restrictions.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and healthcare operations. You have the right to revoke this consent in writing signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent.

Signature

____/____/____
Date