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Portland, OR 97216

Dr. William A. Jackson, D.C.

Dr. Charles B. Goldston, D.C.

OUR PATIENT PRIVACY NOTICE

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We are required by law to have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you and, the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain; amending or correcting that information.

We have available a detailed Notice of Privacy Practices poster on our wall in the reception area for your perusal.

PATIENT NAME: _____ DATE: _____

SIGNATURE OF PATIENT OR GUARDIAN: _____