



Rhea Healing Essentials
121 N 85th St
Seattle, WA 98103

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGMENT

This form will be retained in your medical record

We keep a record of the health care services we provide 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. You may see your record or get more information about it by contacting your practitioner.

Our Notice of Privacy Practices describes in more detail how your health information may be used or disclosed and how you can access your information.

As a client you have the following rights regarding your Personal Information records:

1. Patients are entitled to see a copy of their records.
2. Patients are entitled to receive a copy of their records.
3. Patients are entitled to make an amendment in the file to their patient health information.
4. The massage therapist has a right to deny inclusion of amendments in the patient's file.
5. The patient has a right to disagree with the therapist's refusal of inclusion.
6. The therapist has a right to rebut the patient's disagreement, but any time a file is sent out, a copy of that rebuttal must be included.
7. The patient has a right to a privacy practice notice from the therapist providing the care.

Patient or Legally authorized signature

Date

Printed name if signed on behalf of the patient

Relationship (parent, legal guardian, representative)