



COLUMBIA RIVER
EYE CENTER

Devin Harrison, M.D. ~ Cheryl Lee, M.D. ~ Andrew Chen, M.D.
475 Bradley Blvd. Richland, WA 99352
(509) 943-2240 Fax (509) 943-1575

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see a copy of that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or if the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our office manager.

By my signature below I acknowledge receipt of the Notice of Policy Practice. This form will be retained in your medical record.

Signature of patient or responsible party

Date

I hereby specifically authorize disclosure of my protected health information to the persons indicated below:

Name: _____

Relation: _____

Name: _____

Relation: _____