

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

The Seattle Cancer Care Alliance (SCCA) Notice of Privacy Practices describe how medical information about you may be used and disclosed, how you can get access to this information, and which procedures you may use if you have questions, concerns or complaints.

We are required by law to protect the privacy of your information, provide the Notice of Privacy Practices, and follow the Practices that are described in this notice. If you have any questions, please contact: SCCA Privacy Program 206-606-7154 or integrity@seattlecca.org.

Please do not write comments on this form. Refer to the “Joint Notice of Privacy Practices of Seattle Cancer Care Alliance and Certain Other Providers” brochure for instructions to make special requests about your Privacy Rights.

Note: We may change our policies at any time. A copy of this notice may be found on our web site at www.seattlecca.org, or you may request a copy from the SCCA Privacy Program by calling 206-606-7154 or integrity@seattlecca.org.

By signing below, I agree that I have received the SCCA Notice of Privacy Practices.

Signature (Patient or Person Authorized to Give Authorization)	Date	Time
If Signed by Person Other Than Patient, Provide Reason, Relationship to Patient and Description of Their Authority		

TEAM

NAME

PT NO

DOB

[M]

[F]



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