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RECEIPT OF NOTICE OF PRIVACY PRACTICES

Federal Law requires that we provide you with a copy of our privacy notice.

The privacy notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document receipt of the notice.

If you have questions about the privacy notice, please feel free to contact our office. The contact information is listed on your copy of the privacy notice.

I have received a copy of the privacy practices for Lake Grove Family Medical Clinic.

Printed Name of the Patient

Signature of the Patient or Responsible Party

Date