

SUMMARY OF RIGHTS FOR YOUR MEDICAL INFORMATION

This is a summary of your rights regarding the medical information Franciscan Medical Group maintains about you. See the Notice of Privacy Practices that you received for more information about each of these rights. This summary is provided for your convenience.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your written request to the Medical Record Department at the Franciscan Medical Group Clinic. If you request a copy of the information, we may charge a reasonable fee for costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, you must submit your written request to the Medical Record Department at the Franciscan Medical Group Clinic. Your request should include a reason that supports your request.

Right to an Accounting of Disclosures. You have the right to receive a list of instances where we have disclosed information for reasons other than treatment, payment or hospital operations or with your authorization. To request this list or accounting of disclosures, you must submit your written request to the Medical Record Department at the Franciscan Medical Group Clinic. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. **We are not required to agree to your request.** To request restrictions, you must submit your written request to the Medical Record Department at the Franciscan Medical Group Clinic. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask we only contact you at work or by mail. To request confidential communications, you must submit your written request to the Medical Record Department at the Franciscan Medical Group Clinic.

Right to a Paper Copy of the Notice. You have the right to a paper copy of the Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.fhshealth.org. To obtain a paper copy please contact the Medical Record Department at the Franciscan Medical Group Clinic.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our administrative office or with the United States Secretary of Department of Health and Human Services. To file a complaint with our facility, please call Risk Management at (253) 552-4116. **You will not be penalized for filing a complaint.**

Patient Name: _____

Account #: _____

Date of Service: _____

Notice of Privacy Practices Acknowledgement

In accordance with our Notice of Privacy Practices, you have the right to exercise your Privacy Rights. Those rights are summarized for your review on the back of this page. Contact information is provided below for your help with these rights.

For further information or assistance please contact:

**Risk Management
Franciscan Medical Group
1149 Market Street
Tacoma, WA 98402
(253) 552-4116**

Normal business hours: Monday – Friday, 8:00 a.m. – 4:30 p.m.

PATIENT ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of the Franciscan Health System Notice of Privacy Practices dated March 2009

Patient Signature (or representative) _____

Date _____

Relationship to Patient _____

In the event the patient or personal representative of the patient did not sign the acknowledgement, check mark (✓) one of the reasons below:

 Emergency Treatment Situation

 Individual unable to sign because of medical condition and personal representative is not available.

 Individual refused. Reason: _____

 Other (Please explain): _____

Witness _____

Date _____

LABEL

**NOTICE OF PRIVACY PRACTICES
Acknowledgement of Receipt**