

By signing below, I acknowledge that I have received a Notice of Privacy Practices from Northwest Health Services.

| | | |
|---|--|-------|
| Patient Signature: | | Date: |
| Print Name: | | |
| Signature of parent or patient's representative (if it applies): | | |
| Please describe your legal right to act on behalf of the patient: | | |

COMPLAINTS:

If you believe your privacy rights have been violated , you may file a complaint with us. All complaints must be given in writing on the form provided by NHS. To obtain a form, contact NHS or call the Director Quality Improvement at (816) 271-8227. You also may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. **You will not be penalized for filing a complaint.**

