



ACKNOWLEDGEMENTS & CONSENT

Thank you for choosing Unity Care NW as your health care home.

Unity Care NW provides team-based, whole-person care. Your care team consists of medical, dental, and behavioral health professionals. While you are a patient here, Unity Care NW keeps a record of the health care services we provide to you. The members of your care team all have access to your health care record. During the course of your treatment, any member of your care team may wish to see you to make sure you receive the care you need

There may be costs associated with visits to our health center, including co-pays and fees. If some services are not covered by your insurance or you are not eligible for discounted care through our Sliding Fee Discount Program, you may be responsible for charges incurred from your visits. If you wish to decline our services, please notify a member of your care team. Our billing department is always willing to work with you if you have concerns.

You may ask to see and copy your health care record. You may be charged a fee, and you will need to make an appointment to see and copy your record. You may also ask to correct your record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our Privacy Officer at (360) 788-2663.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed. It also describes how you can access your information.

I consent to the examination and treatment I receive from Unity Care NW clinical staff. I understand that my care is under the direction of my primary care provider and my consent may be withdrawn at any time.

I have read this form and I understand its contents. My signature below indicates that I acknowledge receipt of the Notice of Privacy Practices and Patient Rights and Responsibilities.

Signature of Patient or Responsible Party

Date

Print Patient Name

Date of Birth