

**South Spokane**  
601 S Sherman St  
Spokane, WA 99202

**Spokane Valley / Admin Office**  
1204 N Vercler Rd  
Spokane Valley, WA 99216

**North Spokane**  
605 E Holland Ave. Ste 100  
Spokane, WA 99218

**Downtown Spokane**  
910 W 5th Ave. Ste 102  
Spokane, WA 99204

**Kootenai Clinic Cancer Services,  
Coeur d'Alene**  
700 W Ironwood Dr. Ste 130  
Coeur d'Alene, ID 83814

**Kootenai Clinic Cancer Services,  
Post Falls**  
1440 E Mullan  
Post Falls, ID 83854

**Providence Sacred Heart  
Medical Center**  
101 W 8th Ave., LL3  
Spokane, WA 99204

**Palouse Specialty Physicians  
Palouse Oncology & Hematology**  
803 S Main St, Ste 210  
Moscow, ID 83843



Pt. Acct # \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT FORM**

**Cancer Care Northwest** keeps a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your records or information unless you direct us to do so or unless the law authorizes or allows us to do so.

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

**By my signature below I acknowledge receipt of the Notice of Privacy Practices.**

**Patient Printed Name**

**Date of Birth**

\_\_\_\_\_

**Patient or legally authorized individual signature**

**Date**

X \_\_\_\_\_

**Printed Name if signed on behalf of the patient**

**Relationship**

parent      legal guardian      personal representative

\_\_\_\_\_

**Power of Attorney**

**Do you currently have a Durable Power of Attorney?**

**Yes    No**

**If yes, who is your designated DPOA and can sign for you in the event you are not able or consent to your care and/or treatment?** \_\_\_\_\_

**CCNW Staff Use Only:**

**Reason Acknowledgement was not obtained:**

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