

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



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

X _____
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 for Healthcare? 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?

Name and Relationship

CCNW Staff Use Only:

Reason Acknowledgement was not obtained:
