



8800 Sunnyside Road, Suite 111
Clackamas, Oregon USA 97015

Sunnyside Health Center

Notice of Privacy Practices

Keeping your medical records confidential

What you need to know about Sunnyside Health Center: Sunnyside Health Center is committed to providing you with high quality care and forming a relationship with you that is built on trust.

That means respecting your privacy and confidentiality of your medical information. We protect your privacy and confidentiality rights by creating and putting into practice policies and procedures that allow access to your personal medical information only for legitimate reasons.

Your medical record

As we provide your health care, we are required to maintain a complete copy of your medical history, current condition, treatment plan and all treatment given, including the results of all tests, procedures and therapies. Whether this information is stored in writing, on a computer, or other means, we will keep this information in a safe and secure way that protects your privacy and confidentiality. The physician and other health care professionals who are involved in your care need to access this information in order to provide appropriate treatment for you.

Your medical information is private and confidential

You, or anyone to whom you give written permission, have the right to read or get a copy of your medical information.

How do we assure your privacy?

Sunnyside Health Center has put in place detailed policies regarding access to medical records by our staff and employees and has carefully outlined the circumstances under which your medical information may be released to parties outside of this facility.

The policies conform to state and federal law and are designed to safeguard your privacy. Our staff and employees are trained in the appropriate use of medical information and know that it is available to them only to continue to provide care to you or for other limited but legitimate reasons.

A violation of confidentiality or failure of an employee to protect your information from accidental or unauthorized access will not be tolerated. This may include the employee being fired from his or her job.

We ask your permission

We do not allow others outside of Sunnyside Health Center to access any information unless we have the appropriate authorization to do so.

We will respect your authorization to release information on your first visit. Information that may identify you will not be released to anyone outside Sunnyside Health Center without your written approval.

If you have any questions about the privacy of your medical records, please speak with us. We will be happy to help you.

Patient Acknowledgement of Privacy Practices

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I can obtain this practice's current Notice of Privacy Practices on request.

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative of the patient): _____