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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I certify I have received a copy of A Step Forward, LLC's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of A Step Forward, LLC's health care operations. The Notice of Privacy Practices also describes my rights and A Step Forward, LLC's duties with respect to my protected health information. The Notice of Privacy Practices is posted in A Step Forward, LLC reception area and on A Step Forward, LLC's website at www.astepforwardpdx.com

A Step Forward, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing A Step Forward, LLC's website.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE

PRINTED NAME OF PATIENT OR PERSONAL REPRESENTATIVE

DATE / /

DESCRIPTION OF PERSONAL REPRESENTATIVE'S AUTHORITY
