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Notice of Privacy Practices Acknowledgment

We keep a record of the health care services we provide you. You may request a copy of that 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.

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 from Dr. Robert Jangaard or Dr. Hans Jangaard.

Patient or legally authorized individual signature Date

Print Name Relationship (self, parent, etc.)

This form will be retained in your medical record.