

The Fred Hutchinson Cancer Center Joint Notice of Privacy Practices describes how we may use and disclose your medical information and your rights with respect to your protected health information. We encourage you to read the full Notice.

If you have any questions about our Notice, please contact the Fred Hutch Privacy Office at 206-606-7154 or privacy@fredhutch.org.

By signing this form, you acknowledge receipt of the Fred Hutch Joint Notice of Privacy Practices. Please do not write comments on this form.

Signature (Patient or Person Authorized to Give Authorization)	Date	Time
If Signed by Person Other Than Patient, Provide Reason, Relationship to Patient and Description of Their Authority		

TEAM
 NAME [M]
 PT NO PLACE EPIC LABEL HERE [F]
 DOB

