



First Hill:
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Seattle, WA 98104
206-622-2020

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Suite B-2
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Acknowledgment of Patient Rights

Patient rights: You, as the patient, have certain rights that are protected, including the right to competent care, informed consent, privacy, and nondiscrimination. Our *Patient Rights* document describes in more detail how your rights are protected.

By my signature below I acknowledge having received the Notice of Patient Rights.

Patient or legally authorized individual signature _____ Date _____ Time _____

Printed name if signed on behalf of the patient _____ Relationship (parent, legal guardian, personal representative) _____

(Notation, if any, by staff)

This form will be retained in your medical record.