Planned Parenthood of Greater Washington and North Idaho
123 E Indiana Ave., Ste. 100, Spokane, WA 99207 1.866.904.7721

Request For Medical Services and Acknowledgement of Receipt of Notice Of Health Information Privacy Practices

"Please note that Planned Parenthood of Greater Washington and North Idaho is a teaching institution, and that persons in training, under strict supervision, may be involved in some aspects of your care."

I hereby request that a person authorized by Planned Parenthood provide appropriate evaluation, testing, and treatment (including a birth control drug or device, if I request it).

I hereby acknowledge receipt of Planned Parenthood of Greater Washington and North Idaho's notice of health information privacy practices.

Signature of patient ____

Date ________________

I witness that the patient received the above mentioned information, said it was read and understood, and had the opportunity to ask questions.

Signature of witness ____

Date ________________

	CHECK HERE IF PATIENT'S GUARDIAN OR RELATIVE IS LEGALLY REQUIRED TO SIGN BELOW

Signature of any other person consenting ______________________________________

Relationship to patient ____

Date ________________

I witness the fact that the patient's legal guardian (or person consenting on the patient's behalf) received the above mentioned information and said it was read and understood.

Signature of witness ____

Date ________________