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## Personal Health Records Privacy/Access Policy

**Privacy:** We will protect your personal health information against disclosure to unauthorized entities/persons. With your permission we will share your personal health information only with entities/persons directly related to your health care needs. We will ask for your written permission for any other disclosure of your personal health information.

**Access:** You have the right to review and amend your personal health care records. Fees for copying your personal health information/records are set by state regulators annually.

Consent: Yes  I authorize:  
No  I do not authorize:

Yardley Chiropractic

To share personal health information of \_\_\_\_\_  
with all entities/persons directly related to health care needs.

\_\_\_\_\_  
Practice Member/Guardian Signature

\_\_\_\_\_  
Date