

LAKE OSWEGO PSYCHIATRIC ASSOCIATES
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY.

WE ARE COMMITTED TO SERVE OUR PATIENTS WITH PROFESSIONALISM AND CARE, BEING SURE AT ALL TIMES TO PROTECT THE PRIVACY AND SECURITY OF ALL PROTECTED HEALTH INFORMATION.

DURING THE COURSE OF THE SERVICE OF YOUR INTERESTS IT MAY BE NECESSARY TO SHARE INFORMATION WITH OTHER HEALTH CARE PROVIDERS OR BUSINESS ASSOCIATES. THE FOLLOWING ARE EXAMPLES OF INSTANCES WHERE INFORMATION MAY BE SHARED:

- **OUR BILLING SERVICE**
- **YOUR PRIMARY CARE DOCTOR AND/OR OTHER DOCTORS INVOLVED IN YOUR CARE.**
- **YOUR INSURANCE COMPANY OR WORKER'S COMP COMPANY**
- **YOUR PHARMACY**
- **LABORATORY TESTS**

WE ARE COMMITTED TO OBEYING ALL FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS REGARDING PRIVACY PRACTICES. IF ANY USES OR DISCLOSURES OTHER THAN THE ONES LISTED ABOVE ARE NEEDED, INFORMATION WILL ONLY BE RELEASED WITH THE WRITTEN AUTHORIZATION OF THE INDIVIDUAL IN QUESTION. THE WRITTEN AUTHORIZATION MAY BE REVOKED AT ANY TIME BY THE INDIVIDUAL, AS PROVIDED FOR BY LAW.

IF YOU HAVE ANY QUESTIONS OR COMMENTS REGARDING YOUR PROTECTED HEALTH INFORMATION, FEEL FREE TO CONTACT OUR COMPLIANCE OFFICER AT 503.635.9336

I HAVE READ AND UNDERSTAND THE ABOVE NOTICE OF PRIVACY PRACTICES.

SIGNED _____
(PATIENT OR LEGAL GUARDIAN)

DATE _____