



**Bellevue Medical Imaging, LLC**

1400 116th Ave NE, Bellevue, WA 98004

Phone (425)454-1700 ~ Fax (425)454-0600

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## **PRIVACY PRACTICES**

Bellevue Medical Imaging keeps a record of all medical information pertaining to your care at our facility. We will not use or disclose your information without authorization from you or under state or federal law. You have the right to request copies of your records at any time.

**If you would like more detailed information about how we may or may not use your personal health information, you may obtain a copy of our Notice of Privacy Practices from the receptionist or by calling our office at 425-454-1700.**

The Notice of Privacy Practices document is always available to you as a patient, but please note that we reserve the right to amend our Notice of Privacy Practices at any time in the future.

So that we may respect your personal preferences, PLEASE CHECK ONE OF THE FOLLOWING BOXES:

- ☐ No one besides me and my physicians may have access to my medical record at Bellevue Medical Imaging.
- ☐ In addition to me and my physicians, I allow the following people access to my medical record at Bellevue Medical Imaging:

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The selection you have made above will remain valid for one year unless otherwise revoked or modified by you, the patient.

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**By signing below, you acknowledge that you have been offered a copy of our Notice of Privacy Practices. You acknowledge that you understand that this form is valid for one year unless otherwise modified by you.**

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_