Therapeutic Phlebotomy Department
Time Square, 660 SW 39th Street, Suite 245, Renton, WA 98057
(800) 266-4033 or (425) 453-5098 Fax (425) 251-1977
Email: therapeuticphlebotomy@bloodworksnw.org

Notice of Privacy Practices Acknowledgment Form

I acknowledge that I received the Bloodworks Notice of Privacy Practices

❑ **I am the patient and I am at least 18 years of age**

____ _____________________
Patient's Signature Date

____
Patient's Printed Name

❑ **The patient is under 18 years of age**

I am legally authorized to consent to medical procedures on behalf of:

____
Name of Patient

____
Patient's Printed Name

____ _____________________
Signature of Parent or Guardian Date

____
Relationship to patient