PASTORAL CARE MANAGEMENT SERVICES NPI # 1760628036 UBI # 602905492 EIN # 26-4505393

P O BOX 5067
TACOMA, WA 98415-0067
205-304-3467 FAX 484-303-8894 WWW.PASTORALCAREMGMT.ORG

Dorothy M. Edwards, Director of Public Health and Safety *Christina Adams, Healthcare Administrator*

Privacy Rights Change or Request Form

CLIENT INFORMATION

_____
Date

_____ _____
Name (Last, first, middle initial) Client ID

_____ _____ _____ _____
Street address City State ZIP Code

_____ _____ _____
Primary phone number Other phone number E-mail address

I want to CHANGE _____ (check here) **I am REQUESTING _____ (check here)**

☐ Access to or copy of records ☐ Amendment (change) of Records
☐ Restrict or Cancel information disclosures ☐ Accounting (list) of disclosures
☐ Something Else?_____

Please describe nature of action requested (type of information requested; nature of amendment, restriction, alternative communication, or complaint, etc.) in detail. Use back of this form or attach additional sheets for more space.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

You may write on back of this form or attach additional sheets as needed for space.

Please list Pastoral Care Management service providers, or staff members that were contacted regarding this matter:

_____ _____ _____ _____
Name Date Name Date

Sign Here **X** _____ Date _____

For Administrative Use Only: Date received _____
Action taken _____
_____ Date _____
Action taken _____
_____ Date _____

Clinical Supervisor signature_____ Date _____
[Attach additional documentation, if applicable.]