

# *Jonathan Collin, M.D.*

DrJonathanCollin.com

## PORT TOWNSEND OFFICE

911 Tyler Street  
Port Townsend WA 98368  
(360) 385-4555  
Fax (360) 385-0699

## KIRKLAND OFFICE

12911 120<sup>th</sup> Ave NE Ste A-50  
Kirkland WA 98034  
(425) 820-0547  
Fax (425) 820-0259

### **Acknowledgement:**

**I acknowledge that I have been provided access to the Notice of Privacy Practices.**

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Patient or Personal Representative Signature

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Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient.

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