

WORKERS' CHOICE — P H A R M A C Y —

928 Jaymor Road Suite A200 Southampton, PA 18966
Phone: (855) 969-3443 Fax: (610) 667-1311

Patient Acknowledgement Form

Effective May 1, 2013, the new federal law known as the **Health Insurance Portability and Accountability Act** of 1996 ("HIPAA") requires that this pharmacy comply with certain rules and regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements, we are offering you a copy of our Notice of Privacy Practices. This **Notice of Privacy Practices** contains the necessary information that HIPAA requires us to disclose regarding our privacy practices.

Please sign this form below to acknowledge that you have received a copy of our notice of privacy practices and mail back to Workers' Choice Pharmacy.

Date: _____

Patient/Parent/ Legal Guardian Signature Patient Name (please print)

Address _____

Date of Birth MM/DD/YYYY _____ Phone _____

For Official Use Only

Patient Refused to Sign

The following circumstances prohibited the patient from signing the Acknowledgment:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment
- Other (Please Specify)

Pharmacy Personnel Signature Pharmacy Personnel (print name)