



HIPAA WAIVER

Our pharmacy team wants you to understand the proper use and effect of your medication(s). If the written material sent to you about your prescription did not answer all of your questions, please call us at **855-213-0070**. We are here to assist you.

We understand how important it is to maintain your health information privacy.

The HIPAA Notice of Privacy Practices we sent to you explains your privacy rights, how we protect your health information and how we keep your information private.

As a patient, you have additional Rights and Responsibilities. These are included in your Welcome Packet. It is our policy to respect the rights of our patients, and fulfilling your responsibilities will help lead to better health.

After reading the document(s), please:

- 1. Tear-off the form at the bottom of this page.**
- 2. Fill in the information requested.**
- 3. Use the envelope in your Welcome Packet to send us the form. The envelope is already addressed and includes postage.**

Sending us this form lets us know that you received the HIPAA Notice of Privacy Practices and the Patient Rights and Responsibilities.



Patient Name _____ **Date of Birth** _____

My signature below indicates I have received the following information:
HIPAA Notice of Privacy Practices and The Patient Rights and Responsibilities.

Signature _____ **Date** _____