bioworx

ACKNOWLEDGEMENT OF RECEIPT
OF HIPAA NOTICE OF PRIVACY PRACTICES

I have received a copy of the Pharmacy's Notice of Privacy Practices ("Notice"). The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time and I will be notified if there is a material change.

(Signature) (Date)

(Print or Type Name)

* As the personal representative of the above individual, I acknowledge receipt of the Notice on his/her behalf via my signature below.

* (Signature) (Date)

* (Relationship) (Print or Type Name)