

ACKNOWLEDGMENT RECEIPT: HIPAA NOTICE OF PRIVACY PRACTICES

In signing this form, you agree that you have received our **Notice of Privacy Practices**. This Notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment and health care operations.

You have the right to review our **Notice of Privacy Practices** prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested by contacting 207-275-3256.

By signing this form, you acknowledge you have received our Notice of Privacy Practices and that Northern Light Pharmacy can use and disclose your protected health information in accordance with HIPAA.

PATIENTS NAME

SIGNATURE (Patient/Guardian) DATE

Relationship to patient/legal authority (if applicable)