

DOUG'S COMPOUNDING PHARMACY

Date _____

Dear patient,

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, we have created the enclosed "Notice of Privacy Practices". This notice describes our privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that we protect the privacy of your PHI that the pharmacy has received or created.

Doug's Pharmacy will abide by the terms presented in this notice. We reserve the right to change our privacy practices and/or this notice. Revisions will be posted in our pharmacy and, upon your request, provided to you in a paper format.

BECAUSE OF NEW HIPAA REGULATIONS THAT ARE IN EFFECT AS OF SEPTEMBER 21, 2013, IT IS MANDATED THAT WE MUST HAVE YOUR SIGNED ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES IN YOUR RECORD. PLEASE SIGN THE BOTTOM OF THIS PAGE AND RETURN TO DOUG'S PHARMACY IN PERSON OR BY MAIL, FAX, OR E-MAIL.

Sincerely,

Jenna L. Vogel, R.Ph./PharmD
Privacy/Security Officer

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the pharmacy's Notice of Privacy Practices:

Individual's Signature

Individual's Printed Name

Date