

Acknowledgement of receipt of the Notice of Privacy Practices and Patient Handouts (including Rights and Responsibilities, Emergency Planning, Grievance/Complaint Reporting and Drug Disposal Techniques)

Complete Section 1 if signed by the patient (or personal representative) or Section 2 if a good faith effort was made to obtain an acknowledgement.

Section 1: I acknowledge that I have received a copy of the Facility's Notice of Privacy Practices:

Individual's Signature (or Personal Representative)	Date of Signature
Individual's Printed name and Relationship if Personnel Representative	

Section 2: The Facility made a good faith effort to obtain a written acknowledgment of the individual's receipt of the Notice but a written acknowledgment was not received for the following reason:

- Individual refused to sign.
- Individual was not able to sign. (Please specify below):

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- Emergency
- Other (please specify below):

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Employee's Signature	Date
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Note: A copy of the Notice of Privacy Practices and Patient Handouts may be viewed at the following website: www.calhouncompounding.com.

Please sign and return this form by mail to **Calhoun Compounding Pharmacy**, 1525 Greenbrier Dear Rd., Anniston, AL 36207. It can also be e-mailed to bparadeis@calhouncompounding.com; or it may be faxed to 256-403-0247.