



2/2015

HIPAA: Notice & Acknowledgement

Dear College Pharmacy Customer,

Respect for your privacy is a top priority at College Pharmacy. Concern for your privacy rights goes hand in hand with our focus on maintaining and improving your health. College Pharmacy, in compliance with federal regulations that are part of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which addresses your rights to privacy and handling of Protected Health Information ("PHI"), requires that each new patient receives a Notice of Privacy Practices.

HIPAA regulations require that all of our patients receive our Notice of Privacy Practices at the time of, or prior to, our providing health care services. Additionally, we are also required to ask each patient to sign an acknowledgment indicating receipt of this notice.

In an effort to ensure that on your first prescription from College Pharmacy there will be no delay in providing you with the prompt service you have come to expect, we ask that you take time to read the enclosed Notice of Privacy Practices, sign the Acknowledgment form at the bottom of the page and return by e-mail, fax or mail to:

Privacy Officer
College Pharmacy
3505 Austin Bluffs Parkway, Suite 101
Colorado Springs, CO 80918
Fax: (800) 556-5893 / (719) 262-0035
Email: newpatient@collegepharmacy.com

If you have questions regarding this letter or the attached HIPAA Notice, contact me directly at (800) 888-9358 / (719) 262-00-22 ext. 123.

Sincerely,

Jerry Gillick
Privacy Officer

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
College Pharmacy 3505 Austin Bluffs Pkwy #101 Colorado Springs, CO 80918

Patient Last Name Patient First Name M.I.

Street Address / City / State / Zip

(_____) _____
Telephone Number

My signature below certifies that I have been provided with a written copy College Pharmacy's HIPAA Notice of Privacy Practices.

Patient Signature (or authorized representative) Date

INTERNAL USE ONLY: DOCUMENTATION OF GOOD FAITH EFFORT

College Pharmacy made a good faith effort to obtain a written acknowledgment of the individual's receipt of the HIPAA Notice but a written acknowledgment was not received for the following reason:

- Individual refused to sign. Individual was not able to sign. Other Reason: _____

Employee Name: _____ Signature: _____ Date: _____