

NOTICE OF PRIVACY PRACTICES/HIPAA

Please visit <https://www.p4pharmacy.com/HIPAA> for our full Privacy Practices.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

This notice describes how medical information about you may be used, disclosed and how you can get access to this information. Therefore, the Pharmacy pledges to protect your health information as required by law. We provide you with this notice of privacy to tell you how we will use and disclose your medical information. **PLEASE REVIEW IT CAREFULLY.**

*Signature:

Date:

By signing this document I acknowledge that I have received the P4 Pharmacy Notice of Privacy Practices.