

HIPAA Compliance Patient Consent Notice

Our Notice of Privacy Practices provides information about how we may use or disclose your protected health information. This notice contains a patient rights section describing your rights under the law. By signing and returning this form to us, you confirm that you have reviewed this notice.

The terms of this notice may change from time to time. If so, you will be provided with an updated notice.

The HIPAA (Health Insurance Portability and Accountability Act of 1996) allows the use of the information for treatment, payment, or healthcare operations. You have the right to restrict how your protected health information is used for treatment, payment, or healthcare operations.

By signing this notice, you consent to our use and disclosure of your protected health information and potentially anonymous usage in publications or anonymized data files. You have the right to revoke this consent by contacting us in writing. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- My protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The pharmacy reserves the right to change the privacy policy as law allows.
- The patient can revoke this consent in writing at any time, and all disclosures will cease.

Can we leave a message on your home answering machine or cell phone? **YES NO**

Can we discuss your allergies and medical conditions with a family member? **YES NO**

If yes, please list the family members:

Patient/Caregiver Signature

_____ Relationship to Patient: _____

Patient/Caregiver Name

Date

Please return this signed form to:

Joseph Skellie, Director of Pharmacy Services

jskellie@personalrx.com

PersonalRX

20 Murray Hill Parkway Suite 210

East Rutherford, NJ, 07073