



**Notice of Privacy Practices Receipt**

Record of Acknowledgment/ Documentation of Good Faith Effort to Obtain Acknowledgment

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Patient Name (Please Print)** **Patient's Date of Birth**

**Effective date of this Privacy Notice:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact information for questions, complaints or requests regarding your health information**

Should you have any questions concerning our privacy practices, request restrictions on the release of your information, revoke an authorization, amend or correct your protected health information, obtain an accounting of our disclosures of your protected health information, request in section or obtain a copy of your medical information, request we communicate information about your health matters in a certain way, file a complaint, or any other concern relative to our privacy practices, please contact:

Guardian Pharmacy of Maine  
Attn: Privacy Officer  
3 Business Parkway, Suite 2  
Brunswick, ME 04011

If you wish, you may also file a complaint with the Secretary of the US Department of Health and Human Services. You may mail your complaint to US Department of Health and Human Services, 200 Independence Avenue S.W., Washington, DC 20201.

**Acknowledgment/Good Faith Effort to Obtain Acknowledgment**

I certify that I have received a copy of the Guardian Pharmacy of Maine's Privacy Practices, and I have had an opportunity to review this document, ask questions to assist me in understanding my rights relative to the protection, and Guardian Pharmacy of Maine is committed to protecting the privacy of my health information.

Please check one: ( ) Client ( ) Authorized Representative ( ) Guardian

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

**Relationship to Individual:** \_\_\_\_\_

**NOTE:** To confirm a copy of our Notice of Privacy Practices was mailed to you, please complete our Notice of Privacy Practices Receipt and return it in the self-addressed stamped envelope. Receipts are filed in the Patient's file.