

Acknowledgement of Receipt of Notice of Privacy Practices

If you did not provide your signature acknowledgement receipt of this Notice at the pharmacy, please complete the section below and return it to the Boulevard Pharmaceutical Compounding Center, 149 Shrewsbury St.

By signing below, I acknowledge that I have received a copy of the Boulevard Pharmaceutical compounding Center's Notice of Privacy Practices which was updated September 17th, 2013.

Name of Customer	Signature	Date
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If signed by the patient's Personal Representative; please print your name and describe your relationship to the customer or other authority to act:

Print Name	Relationship to Patient
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Thank you very much for your time!

Boulevard Pharmaceutical Compounding Center

149 Shrewsbury Street

Worcester, MA 01604