

Dear Folsom Medical Pharmacy Patients,

Your privacy is important to us. To protect the privacy of your individual health information (Protected Health Information, "PHI") and as part of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we are legally required to provide each patient with a Notice of Privacy Practices before or at the time of our healthcare services.

We are also required to ask each patient to sign an acknowledgement form specifying receipt of this notice. We ask that you please read the enclosed Notice of Privacy Practices, sign the Acknowledgement Form below and return by mail, fax or text message to:

Privacy Officer  
Folsom Medical Pharmacy  
1300 East Bidwell Street #105  
Folsom, CA 95630  
Fax:(916) 850-0244  
Text#:(916) 941-5713  
info@folsompharmacy.com (Subject: Signed HIPAA Form)

We cannot refill your prescriptions until we receive a signed acknowledgement of your privacy rights. If you have any questions regarding this form, feel free to contact us at (916) 983-4900.

Sincerely,  
Moses Perez, Pharm.D.  
Privacy Officer

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**PLEASE RETURN FORM BY MAIL, FAX, EMAIL OR TEXT MESSAGE (916) 941-5713 TEXT ONLY**  
**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**  
Folsom Medical Pharmacy 1300 East Bidwell Street#105, Folsom CA 95630

Patient Name:

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Last Name	First Name	Middle Initial
(      )		
Phone		Date of Birth

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My signature below certifies that I have been provided with a written copy of and understand  
Folsom Medical Pharmacy's HIPAA Notice of Privacy Practices

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Patient Signature (or authorized representative)	Date
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