

**ACKNOWLEDGMENT OF RECEIPT
OF THE NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of the pharmacy's Notice of Privacy Practices:

Individual's Signature

Individual's Printed Name

Date

RX #

Documentation of Good Faith Effort

The pharmacy made a good faith effort to obtain a written acknowledgement of the individual's receipt of the Notice but a written acknowledgment was not received for the following reason:

- Individual refused to sign.
- Individual was not able to sign. *(please specify below):*

- Emergency
- Other *(please specify below):*

Team Member's Signature

Date

Please mail this form to:
MFV
9550 South State Street
Sandy, Utah 84070

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