



Acknowledgement for Receipt of Notice of Privacy Practices

Enclosed you should have found a copy of our Notice of Privacy Practices (NOPP) provided to you as required under federal HIPAA guidelines.

Wells Specialty Pharmacy needs to have your signature on file indicating that you have received a copy of our privacy practices. Please read the following statement and complete the section below. Please print clearly using blue or black ink only

I certify that I have received a copy of the Notice of Privacy Practices for Wells Specialty Pharmacy. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information (PHI) that might occur regarding my treatment, payment of my bills or in the performance of Wells Specialty Pharmacy’s healthcare operations. The Notice of Privacy Practices also describes my patient rights and the responsibilities of Wells Specialty Pharmacy with respect to my protected health information.

Printed Name of Patient _____ Date of Birth (mm/dd/yyyy) _____



Signature Patient or Legal Representative _____

Description of Relationship with Legal Representative Authority _____ Date _____

Please Return to us using one of the following methods:

1. **Scan & Email to:** NOPP@WellsSpecialtyPharmacy.com
2. **Fax to:** (407) 675-4600
3. **Return via US Mail to** (with appropriate postage):

**Wells Specialty Pharmacy
Attn: Privacy Officer
3796 Howell Branch Road, Winter Park, FL 32792**

** If you have returned this form to Wells Specialty Pharmacy within the last 12 months, you do not need to resubmit again. Otherwise please help us update your records.*

**Customer Service: (855) 474-2763
Monday – Friday from 9am – 5pm EST**

- Questions or concerns about our privacy practices
- Obtain a copy of our privacy notice
- Request restrictions on the release of your PHI
- Revoke an authorization or file complaint

NOPP_Form_2018

