

Chickasaw Nation Pharmacy Refill Center  
Native and Non-Native Spouse Prescription Program  
933 North Country Club Road  
Ada, Oklahoma 74820  
[CNRefillCenter@Chickasaw.net](mailto:CNRefillCenter@Chickasaw.net)



## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**A complete description of how your medical information will be used and disclosed by the Chickasaw Nation Pharmacy Refill Center is in our NOTICE OF PRIVACY PRACTICES. The notice is posted throughout our facility and you will be given a copy for your personal use.**

I have received a copy of the Chickasaw Nation Pharmacy Refill Center Notice of Privacy Practices dated April 01, 2016.

\_\_\_\_\_  
Patient name (please print)

\_\_\_\_\_  
Patient birth date

\_\_\_\_\_  
Patient or representative signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal guardian/representative signature

\_\_\_\_\_  
Date

Basis for refusal, if refused: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_