



**Acknowledgment of Receipt of
Notice of Privacy Practices:**

A complete description of how your medical information will be used and disclosed by the Chickasaw Nation 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 Refill Center **Notice of Privacy Practices**, last revised October 1, 2019.

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Date

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Patient name (please print)

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Patient date of birth

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Patient or representative signature

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Legal guardian/representative signature

If refused, basis for refusal:

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