

**Triad RX Inc.**  
**Acknowledgement of Receipt of the Notice of  
Privacy Practices**

**Please Complete the Top Section and Return  
Thank You**

We are legally required to give you this Notice and to get a signed statement that you received it. By signing this form, you are saying that you have received Triad RX Inc.'s Notice of Privacy Practices.

This Notice of Privacy Practices tells you how we can use and disclose your health information. It also describes certain rights you have about your health information kept by us. Please review the Notice of Privacy Practices carefully.

The undersigned hereby acknowledges receipt of the Notice of Privacy Practices for:

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

**Documentation of Good Faith Effort**

**THIS SECTION FOR  
OFFICE USE ONLY**

Triad RX Inc. made a good faith effort to obtain a written Acknowledgement of the patient's receipt of the Notice, but a written acknowledgement was not received for the following reason:

- Patient refused to sign
- Patient was not able to sign (please specify)
  
- Other

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature