

635 MAIN STREET



GREEN BAY, WI 54301

## ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have been offered/received a copy of and understand the following Streu's Pharmacy forms:

1. Notice of Privacy Practices (NOPP) / Patient Bill of Rights and Responsibilities
2. Billing Information Form / 30 Supplier Standards
3. Complaint Procedure
4. Red Cross Emergency Kit Information

I will notify the Pharmacist of changes in my PHI that could include, but are not limited to, the following: new medications, changes in directions for use of medication, allergies or drug reactions, address changes, insurance changes, or any health condition changes.

\_\_\_\_\_  
**PRINT** Patient Name or Attach Label

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

\_\_\_\_\_  
Signature of Patient/Guardian/Power of Attorney  
(please circle one)

\_\_\_\_\_  
Date