



635 Main Street
Green Bay, WI 54301

Phone (920) 437-0206
Fax (920) 437-0276

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have 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. Complaint Procedure
3. 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

Please return to Streu's Pharmacy ASAP.