



# HIPAA ACKNOWLEDGEMENT

I have received a copy of the Orsini Specialty Pharmacy Notice of Privacy Practices and understand if I have any questions I can contact:

**Orsini Specialty Pharmacy**

ATTN: Patient Care Privacy Officer

1111 Nicholas Boulevard Elk Grove Village, IL 60007

Phone: (800) 410-8575

Fax: (847) 725-8104

Email: patientcare@orsinihc.com

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

**If not signed by the patient:**

\_\_\_\_\_  
Name of person signing (printed)

\_\_\_\_\_  
Description of relationship (i.e., guardian)

**Please fill out the info above, tear page at perforation (left) and mail the entire completed page (pg 6) in the envelope provided to Orsini Specialty Pharmacy.**

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