

**Perrone Pharmacy, Inc.
FORM 3 INSTRUCTIONS FOR HIPAA NOTICE**

TURN TO THE LAST PAGE OF THIS DOCUMENT. IF YOU PRINT IT OUT, IT WILL BE PAGE 4.

THERE ARE TWO (2) SIGNATURE/INFORMATION BLOCKS. BOTH MUST BE FILLED OUT.

The FIRST signature block is below the "ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES".

Please:

- 1) SIGN YOUR NAME**
- 2) ENTER THE DATE**

The SECOND signature block is below the "ACKNOWLEDGMENT OF RECEIPT OF VACCINE"

Please :

- 1) PRINT YOUR NAME**
- 2) SIGN YOUR NAME**
- 3) ENTER THE DATE**
- 4) ENTER YOUR DATE OF BIRTH**