

Rights & responsibilities form

Please read pages 10–22, titled **Patient rights and responsibilities** and **Notice of privacy practices**, from your Prime Therapeutics Home Delivery Patient and Caregiver Handbook. Then, complete this form to confirm:

- You have received the Prime Therapeutics Home Delivery Patient and Caregiver Handbook
- You have read and understand your rights and responsibilities as a patient of Prime Therapeutics Pharmacy
- You have read and understand the pharmacy's notice of privacy practices

Patient name: _____

Patient date of birth: _____

Patient ID (optional): _____

Signature: _____ **Date:** _____

(If patient is under 18, parent or legal guardian must sign)

Printed name: _____

Please mail completed form to:

Prime Therapeutics Pharmacy
6870 Shadowridge Drive, Suite 111
Orlando, FL 32812

OR

Contact us at **800.424.8274** to provide verbal confirmation to a customer service representative.

