



Please complete the form on back  
and return to Belmar Pharmacy.

**Thank you!**

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**Acknowledgement of Receipt of Belmar Pharmacy's  
Notice of Privacy Practice for Protected Health Information**

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Dear Belmar Pharmacy Patient,

We are so glad that you are part of the Belmar Pharmacy family and are honored that you chose us for your compounding needs. Along with providing you with quality custom medications, it is of utmost importance to us to maintain your privacy. Belmar Pharmacy adheres to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and we promise to keep your health information secure and private.

Please read over Belmar Pharmacy's Notice of Privacy Practices, sign this acknowledgement that you have received the notification, and send the signed copy back to Belmar Pharmacy via mail, fax, or scan and email.

For any questions, or for more information, please contact:

Gina Boche, Privacy Officer  
Belmar Pharmacy  
231 Violet Street, Suite 140  
Golden, CO 80401  
Tel: (800) 525-9473 / (303) 763-5533  
Fax: (866) 415-2923 / (303) 763-9712  
Gina@BelmarPharmacy.com

Thank you for the privilege of serving your compounding needs.

Sincerely,  
Gina Boche  
Privacy Officer



**ACKNOWLEDGEMENT**

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Please complete the information below and send back to Belmar Pharmacy at the contact information below.

**I acknowledge that I have received Belmar Pharmacy’s Notice of Privacy Practices.**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Best Daytime Phone Number: \_\_\_\_\_

Can Belmar Pharmacy leave a detailed message on voicemail?     Yes     No

Listed below are individual(s) that I authorize access to my Private Health Information. I can revoke this privilege at any time and understand it must be done in writing.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(\*or Authorized Representative)

\*If signed by someone **other** than patient, please print name and relationship:

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please return completed form to:** Gina Boche, Privacy Officer  
Belmar Pharmacy  
231 Violet Street, Suite 140  
Golden, CO 80401  
Fax: (866) 415-2923 / (303) 763-9712  
Gina@BelmarPharmacy.com