Chickasaw Nation Refill Center Native & Non-Native Spouse Prescription Program 933 N. Country Club Road Ada, OK 74820 CNRefillCenter@Chickasaw.net



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

A complete description of how your medical information will be used and disclosed by the Chickasaw Nation Refill Center is in our NOTICE OF PRIVACY PRACTICES. The notice is posted throughout our facility and you will be given a copy for your personal use.

I have received a copy of the Chickasaw Nation Refill Center Notice of Privacy Practices dated April 01, 2016.

Patient Name (Please print)

Patient Date of Birth

Patient or Representative - Signature Legal Representative Signature Date Signed

Basis for refusal, if refused: