

PF CARES HIPPA Acknowledgement Form

I, _____, acknowledge that I received, read, and understand Wynn's Pharmacy's HIPAA training program. I know that if I have any questions concerning my job or this policy, I can discuss this with a company representative Failure to comply with this policy is subject to correct discipline, including but not limited to termination of employment.

Wynn's Pharmacy NCPDP- 1127388

Employee Signature

Date