

Effective April 14, 2003 the new federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") requires that World Medical Relief comply with certain rules regarding maintaining privacy of your medical information that we have collected and will collect in the future. This applies to the information you provided World Medical Relief when you applied for the Affordable Prescription Program as well as information regarding the prescriptions we are receiving and filling for you from your physician.

Existing Michigan law requires us to obtain, or attempt to obtain, your written consent prior to disclosing any of your information except for our disclosures in connection with: a defense to a claim challenging our professional competence; a review entity's functions; a claim for payment of fees; a court order as part of a criminal investigation; or a licensure investigation.

From time to time it may be necessary for us to make disclosure of your information.

PATIENT ACKNOWLEDGEMENT

Please sign this form below under the heading "acknowledgement" that you have today received a copy of our notice of privacy practices.

I acknowledge that I have today received a copy of the Notice of Privacy Practices.

Patient Signature

Patient Name (please print)

Date _____

PATIENT CONSENT

Please sign this form below under the heading "Consent" to consent to our disclosures of your information that we deem necessary in order to provide you with the proper services of the Affordable Prescription Program.

Patient Signature

Patient Name (please print)

Date _____