

Patient Health & Wellness Notices Acknowledgment



Walmart provides patients with Health & Wellness Notices (“H & W Notices”), including **Notices of Privacy Practices, Accessibility, and Non-Discrimination.**

While H & W Notices may change, current H & W Notices may always be obtained:

1. At any Walmart or Sam’s Club pharmacy or vision/optical center;
2. At <http://corporate.walmart.com/privacy-security/notices>; or
3. Using the QR Code to the right.



Section 1: Patient Information

Patient Name (last, first, middle initial):		Date of Birth (mm/dd/yyyy):	
Address:			
City:	State:	Zip:	Phone:

Section 2: Acknowledgment

Please initial one of the options below:

(a) _____ I acknowledge receipt of Walmart’s H&W Notices.

(b) _____ I decline to acknowledge receipt of Walmart’s H&W Notices. (**Note:** A decision to decline will have no impact on your treatment.)

Section 3: Signature and Date

_____	_____
Signature of Patient or Personal Representative	Date
If you have signed this form as a legally authorized representative of the Patient, please print your name and relationship to the Patient below.	
_____	_____
Name of Personal Representative (please print)	Relationship to Patient (Parent, Guardian, etc.)

For Store/Club Use Only

Written Acknowledgment Not Obtained		
<input type="checkbox"/> H & W Notices Given – Patient Unable to Sign		
<input type="checkbox"/> H & W Notices Given – Patient Declined to Sign		
<input type="checkbox"/> H & W Notices Given and Acknowledgment Mailed to Patient		
<input type="checkbox"/> Other Reason(s) Patient Did Not Sign: _____		
_____	_____	_____
Signature of RPh/RDO/Optician	Today’s Date	Store/Club Number