



Rosemont
Specialty Pharmacy

Privacy Compliant Form

Procedure

To file a privacy complaint with Rosemont Specialty Pharmacy or one of its subsidiaries, please complete and mail a copy of this form to the Compliance Officer at the address listed below.

Information Required

We take privacy and the resolution of your complaints seriously. As part of our privacy practices, there will be no retaliation for filing a complaint. In order to fully investigate this matter, please complete the following areas by providing specific details as they pertain to your complaint:

Date: _____ Time: _____

Where did incident occur?

Rosemont Specialty Pharmacy, 5860 N. Orange Blossom Trail, Orlando, FL 32810

Internet (select one): www.rosemontspecialtyrx.com

Other: (please specify) _____

Name of Employee Involved (if known): _____

Information:

I **request** additional communications from Rosemont Specialty Pharmacy regarding the resolution of this issue.

I **do not request** additional communications from Rosemont Specialty Pharmacy regarding the resolution of this issue.

Your Name: _____

Street Address: _____

City, State, Zip: _____

Day Telephone: _____ E-mail Address: _____

Evening Telephone: _____

Your Signature _____ **Date** _____

Mail this completed and signed form to: Rosemont Specialty Pharmacy, Compliance Officer, 5860 N. Orange Blossom Trail, Orlando, FL 32810