

IPRN  
ACKNOWLEDGMENT OF REQUIREMENTS OF  
CONFIDENTIAL INFORMATION

In the course of service for the Iowa Pharmacy Association or the Iowa Pharmacy Recovery Network, Inc. (IPRN), as a member of IPRN or its committee, or as a guest of an IPRN meeting, I may receive or come in contact with information that is confidential. For purposes of this statement, "Confidential Information" means oral, written, or recorded information which indicates the identity of an impaired pharmacist, pharmacy technician, or pharmacy student, and/or information about the impaired professional's situation.

I understand that I will not disclose any confidential information to any person not authorized to receive it.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Jennifer R. Moulton, R.Ph.  
Secretary/Treasurer  
Iowa Pharmacy Recovery Network,  
Inc.