



NAME

NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT

I have been offered a current copy of the Nebraska Heart Notice of Privacy Practices.

Signature of patient
(or person authorized to sign for the patient)

Relation

Date

Nebraska Heart Representative
Witness to signature or authenticating reason patient was unable to sign

Date

Reason patient was unable to sign *(if applicable)*

A good faith effort was made to obtain written acknowledgement of this offer, but was not obtained due to the following reason:

Reason

Nebraska Heart Representative

Date

7500 South 91st Street
Lincoln, NE 68526
www.nebraskaheart.com