6140 Village Drive, Suite 1, Lincoln, NE 68516 • 402.489.3450 • Fax 402.489.3452

Acknowledgement of Notice of Privacy Practices

By signing below, I acknowledge that I have received a copy of the Christensen Audiology & Hearing Aid Center's Notice of Privacy Practices or have read a copy in the black binder in the office. I have read about the use and disclosure of my health insurance information, and other concerns regarding my health information.

____ ____________________

Signature of Patient Date

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Signature of Personal Representative (if applicable)