

## Acknowledgement of Receipt of Privacy Practice Notice

Quality Healthcare Clinic, LLC  
301 S Way Ave  
Sutton, NE 68979  
(402) 773-0115

HIPAA Privacy and Security Officer: Tara Peters

I hereby acknowledge that I have either been offered a copy, or received a copy of Quality Healthcare Clinic, LLC's Notice of Privacy Practices-updated 9-23-2013.

(Circle one) **YES** **NO** I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:\_\_\_\_\_.

Printed name of patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

If signed by authorized representative, give relationship:\_\_\_\_\_

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*For office use only:*

Acknowledgement refused:

Efforts to obtain made by staff:\_\_\_\_\_

Reasons for refusal from patient/representative:\_\_\_\_\_

Signed by staff member receiving un-signed form:\_\_\_\_\_ Date:\_\_\_\_\_

Initials of Privacy Officer:\_\_\_\_\_ Date reviewed by privacy officer:\_\_\_\_\_