

Acknowledgement of Receipt of Notice of Privacy Practices

Lincoln OB-GYN, P.C.
9110 Andermatt Drive, Suite # 2
Lincoln, NE 68526-9639

HIPAA Privacy & Security Officer, Julie Robbins - phone # 402-483-7641

I hereby acknowledge that I have either been offered a copy, or received a copy of Lincoln OB-GYN, P.C.'s Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____ Date of Birth: _____

Telephone: _____ Account #: _____

If not signed by the patient, please indicate your relationship to the patient:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- medical power of attorney for a patient
- beneficiary or personal representative of deceased patient

Name of Patient: _____ Date of Birth: _____

For Office Use Only:

- Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

Initials of Staff Member Un-Signed form received by: _____ Date: _____

Initials of Privacy Officer: _____ Date Reviewed by Privacy Officer: _____