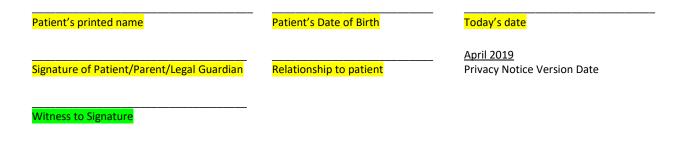


515 2nd Street, Friend, NE 68359 & 3900 S 6th Street, Suite 1, Lincoln, NE 68502

♦PH: 308-646-2471 **♦** Fax: 308-663-3336

PRIVACY NOTICE WRITTEN ACKNOWLEDGEMENT

By signing below, you acknowledge that you have been given a copy of the Complete Rural Medicine, LLC (and associated entities) Notice of Privacy Practices. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.



To be completed by Complete Rural Medicine, LLC Representative

	Documentation of Good Faith Effort
-	Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but this person decline to acknowledge the receipt of the Notice of Privacy Practices information.
-	Patient/parent/legal guardian states they have already received a copy of the Complete Rural Medicine, LLC Notice Privacy Practices.
-	Patient/parent/legal guardian was directed to the Complete Rural Medicine website to view the Notice of Privacy Practices.
-	The Notice of Privacy Practices was mailed to the patient/parent/legal guardian.
_	Other:

Date

Complete Rural Medicine, LLC Representative