



Complete Rural Medicine

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.

_____	_____	_____
Patient's printed name	Patient's Date of Birth	Today's date
_____	_____	April 2019
Signature of Patient/Parent/Legal Guardian	Relationship to patient	Privacy Notice Version Date

Witness to Signature		

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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 declined 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 of 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: _____
_____	_____
Complete Rural Medicine, LLC Representative	Date