

Acknowledgement of Notice

I acknowledge that I have received the University of Nebraska-Lincoln Barkley Speech-Language and Hearing Clinic's Notice of Privacy Practices, Effective April 14, 2003, which describes how my health information may be used or disclosed. I understand University of Nebraska-Lincoln Barkley Speech-Language and Hearing Clinic reserves the right to change the Notice and its privacy practices at any time.

Signature of Patient / Responsible Party

Print Name

Date

Patient unable to sign because _____

Good Faith Effort

- Presented the Notice of Privacy Practices to the patient/responsible party, but the patient/responsible party declined to acknowledge receipt.
- The Notice of Privacy Practices was mailed to the patient/responsible party and the acknowledgement was not returned.
- Other: _____

Signature of Barkley Speech-Language and Hearing Clinic Representative

Date