ACKNOWLEDGMENT

I acknowledge that I am aware of Central Nebraska Neurology's NOTICE OF PRIVACY PRACTICES, which describes how my health information may be used or disclosed. Central Nebraska Neurology reserves the right to change the Notice and its privacy practices at any time.

_____ _____

Signature of Patient/ Responsible Party **Date**

Patient unable to sign because _____

MEDICAL RECORDS RELEASE AUTHORIZATION EXCEPTION

By my signature above, I understand that the physicians and staff of Central Nebraska Neurology, P.C. will not discuss my protected health information with anyone not covered by our Notice of Privacy Practices without my authorization. This includes family and friends, I hereby authorize the exchange of information with the following:

_____ **Relationship** _____

_____ **Relationship** _____

_____ **Relationship** _____

MESSAGE AUTHORIZATION

I authorize the provider/clinic to leave a message on my **HOME** or answering machine/ or with another party living there, pertaining to the following (check all that apply):

- ☐ Date and time of upcoming appointment
- ☐ Lab results
- ☐ X-ray, CT scan, MRI or other radiological results

I authorize the provider/clinic to leave a message on my **WORK** voicemail / answering machine pertaining to the following (check all that apply):

- ☐ Date and time of upcoming appointment
- ☐ Lab results
- ☐ X-ray, CT scan, MRI or other radiological results

NO AUTHORIZTION

- ☐ I **do not** authorize any message related to my healthcare to be left on my HOME phone/answering machine.
- ☐ I **do not** authorize any message related to my healthcare to be left on my WORK voicemail / answering machine.

Signed _____ Date _____

GOOD FAITH EFFORT

- ☐ **Presented the Notice of Privacy Practices to the patient/responsible party, but the patient/responsible party DECLINED ACKNOWLEDGE RECEIPT.**
- ☐ **The Notice of Privacy Practices was mailed to the patient/ responsible party.**
- ☐ **Other:** _____

_____ _____

Signature of Central Nebraska Neurology Representative **Date**