

2022 13th Street, Auburn, NE 68305 Pho

Phone: (402) 274-4366 Fax: (402) 274-4399

ACKNOWLEDGEMENT OF RECEIPT

I have received a copy of Nemaha County Hospital's Notice of Privacy Practices which is effective September 23, 2013.

Patient Signature

Date: P. Patient Name: P.

Patadmit Patname

Note: If signed by someone other than the patient, please document an explanation below.

For hospital use only: A signature was not obtained because:____

Form-120PF1002 Rev. 9/13