



Lifetime Insight, LLC
440 Regency Parkway Dr., Suite 136
Omaha, NE 68114
Office: 402-934-7404
Fax: 402-909-0196

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

Name of Patient: _____ Date: _____

By signing below, I acknowledge receipt and the opportunity to review Lifetime Insight's Notice of Privacy Practices.

(Signature of Patient)

OR

(Signature of guardian or authorized representative) (Relationship to patient)