



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

ACKNOWLEDGMENT FORM FOR RECEIPT OF PRIVACY PRACTICES AND OFFICE POLICIES AND PROCEDURES

- I have received from Lifetime Insight a copy of the "Notice of Privacy Practices".
- I understand that Lifetime Insight may need to use and disclose information about my health or medical problems for the purpose of arranging, conducting, or referring for my treatments, for obtaining payment for the services rendered to me and for the operations of the practice. I consent to the use of my information for the purposes of treatment, payment and healthcare operations.
- Lifetime Insight reserves the right to modify the privacy practices outlined in the notice.
- I acknowledge receipt and have read Lifetime Insight's Office Policies and Procedures and agree to abide to the terms stated in those policies and procedures throughout our professional relationship.

(Patient Name and Today's Date)

(Patient Signature)

OR

(Signature of guardian or authorized representative)

(Relationship to patient)