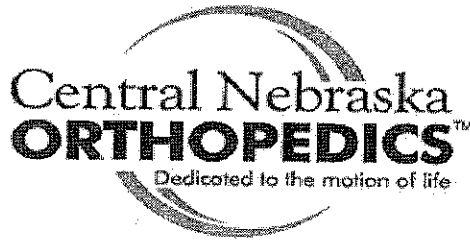


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RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received or been offered a copy of CENTRAL NEBRASKA ORTHOPEDICS' Notice of Privacy Practices, which are effective September 1, 2013.

Date

Printed Name

Signature

Note: If signed by someone other than the patient, we need written proof of your authority.

For office use: A signature was not obtained because: _____
