



# KEARNEY COUNTY HEALTH SERVICES

727 East First Street Minden, NE. 68959

Phone: 308. 832.3400

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www.kchs.org

## HIPPA

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date of Birth

### Acknowledgement:

I am aware of the Notice of Privacy Practices at Kearney County Health Services. I understand that I may or may not choose to read the Privacy Practices.

\_\_\_\_\_ I choose to keep my protected health information confidential

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Permission:

\_\_\_\_\_ I hereby give permission to discuss my protected health information (PHI) with the following individuals (Please fill in names):

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Other family members: \_\_\_\_\_

Friends: \_\_\_\_\_

Clergy: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Patient Legal Representative Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship of Legal Representative to Patient