

Patient Label

Scan to: Consent Forms
Subject: NeHII Acknowledgment



**NEBRASKA HEALTH INFORMATION INITIATIVE (NeHII)
WRITTEN ACKNOWLEDGMENT**

I have received the Nebraska Health Information Initiative (NeHII) notice called "NeHII-Sharing Information for Better Health Care".

(Note: My signature does not indicate that I have read, understood or agree with the notice, only that is has been provided to me.)

Signature of Patient/Parent/Legal Guardian

Date

Time

Relationship to Patient (if not the patient)