



AUDIOLOGY & Hearing Aid Solutions

www.audioandhearing.com

1115 Clifton Avenue, Suite 102, **CLIFTON**, NJ 07013 • **973-777-5335**

1 Cedar Crest Village, **POMPTON PLAINS**, NJ 07444 • **973-831-5677**

6 Forest Avenue, Suite 100, **PARAMUS**, NJ 07652 • **201-368-1130**

1069 Ringwood Avenue, Suite 301, Room 25, **HASKELL**, NJ 07420 • **973-777-5335**

21 Franklin Turnpike, Suite 11, **MAHWAH**, NJ 07430 • **201-368-1130**

290 Madison Avenue, Suite 2A, **MORRISTOWN**, NJ 07960 • **973-777-5335**

HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of our HIPAA Notice of Privacy Practices.

Patient Name (please print)

Patient Signature

Date

OR

Signature of Personal Representative

Date

Authority of Personal Representative to Sign for Patient (check one):

☐ Parent ☐ Guardian ☐ Power of Attorney ☐ Other _____

Please Note: It is your right to refuse to sign this Acknowledgement.