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Caren A. Barone, Au.D., CCC-A
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YOUR PRIVACY IS IMPORTANT TO US

- WE do not release your personal health information to anyone without your permission
- WE do not disclose your name, address or telephone number to any mailing list or advertising agencies.
- WE do not send information to you on postcards or unsealed envelopes.
- Discussions of your hearing status and hearing health history are confined to our audiologists and office staff.
- When we order hearing aids or earmolds for you, we disclose only your name and audiogram to the earmold lab.
- The authorization that we ask you to sign gives us permission to send information about your hearing and hearing health history to your physician(s) and /or health insurance carrier(s).
- You may revoke this authorization at any time by notifying us in writing. Any information released prior to your notification may not be protected.

 Patient

 Parent of Guardian

 Signature

 Date

I give Hearing Improvement Center permission to speak with the following person/people:

Name of person

Relationship

 Signature