HIPAA

Health Insurance Portability and Accountability Act

Acknowledgement of Receipt of Privacy Practices Notice

_____ have received a copy of Ohio Hearing

I,_____ Health's Notice of Privacy Practices.

Patient Signature (Legal Guardian)

Date

Ohio Hearing Health, Inc. Daneen J. Jabbour, Au.D. 799 White Pond Drive Suite D Akron, OH 44320

330-665-5200 mail@ohiohearinghealth.com