



Notice and Acknowledgement

Acknowledgement

I acknowledge that I have received, reviewed and understand, the Notice of Privacy Practices.

By law, we are only authorized to communicate directly, with the patient regarding any form: of protected health information which Includes scheduled appointments, insurance information, hearing aid Information.

Please check below:

_____ I give Professional Hearing Aid Center authorization to communicate with my: immediate family, or persons which I specified below regarding: my private health care information.

_____ I do not authorize Professional Hearing Aid Center to speak with anyone regarding my private health care.

_____ Permission to leave a message on your home answering machine: Yes _____ No _____

Please contact the Professional Hearing Aid Center if you do not wish to receive educational or marketing information and materials.

Patient or Personal Representatives Signature

Date

If personal representative signature above, please indicate the relationship to the patient.

(Relationship to Patient)