

**Acknowledgement of Receipt of Notice of Privacy Practices
ChEARS, Inc.**

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Suite 201
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Privacy Officer, Office Manager: 619-229-4904

I hereby acknowledge that I received a copy of this Audiology practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

(You can ask for a copy when checking in)

X _____ Date _____
Signature

Print Name

Date of Birth

If not signed by the patient, please indicate:

Relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient