PROFESSIONAL HEARING AID CENTER

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)