



Consent and Acknowledgment Form

Patient's name : _____ Date of Birth: : _____

1. **Release of Information:** I authorize Alexandria Audiology to disclose and furnish copies of any information relating to my care at Alexandria Audiology:
 - a. Any person or health care provider that Alexandria Audiology believes to be involved in my care;
 - b. Any third-party payor or other third party that may provide health-related benefits to me or may be financially responsible for the services I receive;
 - c. Any other person or organization I may specify in writing; and
 - d. as allowed by applicable state and federal law, any other persons or organizations necessary for my treatment, payment of Alexandria Audiology health care operations.

In certain cases, such as when I request to have my records sent to another provider, I understand that Alexandria Audiology may charge me, and I agree to pay a copying fee for Alexandria Audiology costs in photocopying and otherwise reproducing records.

2. **Effective Date: Revocation:** I understand that I may revoke this consent at any time by giving written notification to Alexandria Audiology. The consent expires on the earlier of: (i) the date Alexandria Audiology received written notice of revocation; or (ii) the date that the consent expires in accordance with governing law. I understand that my revocation will be ineffective to the extent that Alexandria Audiology has relied upon my permission granted in this consent.
3. **Additional Rights:** I understand that a more detailed description of my rights regarding my records is available upon request in the Alexandria Notice of Privacy Practices.

I hereby authorize Alexandria Audiology to disclose and furnish copies of my information relating to my care at Alexandria Audiology to the following person(s) or organization(s):

Person/Organization	Date
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Person/Organization	Date
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Signature of Patient (or Legal Representative)	Date
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Printed Name of Patient (or Legal Representative)	Relationship to Patient
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Witness (Alexandria Audiology)