

Vegas Valley Hearing

Hearing Aids • Hearing Protection • Audiology

Acknowledgement of Receipt of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices, detailing how my Protected Health Information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my Protected Health Information.

Signed: _____ Date: _____

Relationship (if not signed by Patient): _____

Acknowledgement of Receipt Destruction of Health Care Records

Pursuant of Nevada Revised Statutes (NRS) 629.051:

1. The health care record of a person who is less than 23 years of age may not be destroyed.
2. The health care record of a person must be maintained for 5 years, after it has been received or created, unless federal law requires that it be retained for a longer period of time.
3. The health care record of a person who has reached the age of 23 years may be destroyed after 5 years from the date the record was received or created, unless federal law requires that it be retained for a longer period of time.

Signed: _____ Date: _____

Relationship (if not signed by Patient): _____

Marketing Authorization

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

I, the undersigned, hereby certify that this information is current and accurate as of the below date. I understand that this information will not be sold or given to any third party in exchange for monetary compensation. By providing this information, I consent to receiving direct mail updates including but not limited to: clinic service notifications, health notifications, marketing or promotional events (such as educational seminars, free battery giveaways, etc.), and any other service or product updates (financially remunerated or otherwise) that could benefit me or help to improve my health.

Signed: _____ Date: _____