



HIPAA

As a result of the Health Insurance Portability and Accountability Act (HIPAA), enforced by the US Department of Health and Human Services office of Civil Rights, we are not permitted to release patient information except as stated in the Notice of Privacy Practices, or in accordance with your wishes as stated below.

This waiver authorizes Audiology and Hearing Aid Services to send/give my medical information as noted:

Leave a voice mail recording including my Personal Health Information on my home/cell phone:

YES NO

Leave a voice mail recording including my Personal Health Information on my business phone:

YES NO

Use of electronic communications (i.e. email, fax, electronic messaging) to transmit prescription, treatment, disorder related information, lab or other results:

YES NO

Permit the individual stated below (Personal Representative) to receive prescriptions and/or test results:

YES NO

Speak to a family member of my choosing (Personal Representative) regarding my Personal Health Information:

YES NO

Name of Personal Representative:

The authorizations made above will remain effective until such time as I notify Audiology and Hearing Aid Services in writing, be certified mail, of requested changes.

Patient Signature

Date

Patient Phone Number

Date of Birth