BERGER AUDIOLOGY
Your First Choice In Hearing Healthcare

Berger Audiology LLC

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bergeraudiology.com 2930 Miller Drive - Plymouth, IN 46563

COMMUNICATION AUTHORIZATION

please complete all 3 sections

SECTION 1: CIRCLE ONE OF THE FOLLOWING OPTIONS:

(option 1) (option 2)

I give OR I do NOT give BERGER AUDIOLOGY permission to communicate with me about educational and product advancements, office notifications and updated information via phone, text, email, fax, or US mail.

Reminder: Texts, fax, and emails to and from Berger Audiology are NOT encrypted. We will still make: appointment reminder calls, hearing aid, ear mold, and accessory pick up calls. Hearing aid clean and check reminders, warranty expiration notifications, and birthday cards will be sent via US mail.

SECTION 2: CHECK ONE OF THE FOLLOWING OPTIONS: Option 1 OR Option 2

OPTION 1:

I GIVE Berger Audiology permission to discuss my hearing health care with the following people. If there is a doctor referral, information will automatically be shared with that doctor.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

--- OR ---

OPTION 2:

_____ I do NOT give BERGER AUDIOLOGY permission to discuss my hearing health care with anyone. If there is a doctor referral, I understand that information will automatically be shared with that doctor.

SECTION 3: (please sign below)

_____ _____

SIGNATURE DATE