Patient Name: _____
DOB: _____

FAMILY AUDIOLOGY ASSOCIATES, INC.

Acknowledgement of Receipt of
Notice of Privacy Practices

I acknowledge that pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, I have received a copy of the Notice of Privacy Practices of Family Audiology Associates, Inc. I am aware that this Notice describes the obligations regarding, and permitted uses of, medical information about me by Family Audiology Associates, Inc., as well as my rights regarding this information and its use.

I wish to be contacted in the following manner (check one per section)

Home Telephone\Cell Phone
☐ O.K. to leave a message with detailed information
☐ Leave message with a call-back number only

Written Communication (check two boxes in this section)
☐ O.K. to send mail/communication to my home address ☐ Including postcards ☐ no postcards
☐ O.K. to send mail/communication to my work address ☐ Including postcards ☐ no postcards

Work Telephone
☐ O.K. to leave a message with detailed information
☐ Leave a message with call-back number only
☐ Do not attempt to reach me at work

Nursing Home Patients Only
☐ O.K. to leave a detailed message with Nursing Home Staff
☐ You may only contact me or the person I designate below

Medical Information Release

In order for Family Audiology Associates, Inc. to discuss your medical care with someone other than yourself (including family members) we must have your consent. If you know of anyone that may be requesting your medical information from our office (not including another physician or clinic) please give your consent below. By signing this you are releasing Family Audiology Associates, Inc. and its employees from any and all liability for fulfilling this authorization request.

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

I acknowledge that I was offered a copy of the Notice of Privacy Practices.

_____ _____
Signature of Insured/Legal Guardian Date

Authorization is valid from the date of signature or until we are notified by you.

Revised 5/9/05