

# The Hearing Center

## HIPAA PRIVACY RECEIPT ACKNOWLEDGEMENT

The Hearing Center Notice of Privacy Practices has been provided to me if I request it. I understand by signing this document, **I acknowledge The Hearing Center's Notice of Privacy Practices.**

The Notice of Privacy Practices for The Hearing Center is also provided at the front desk of The Hearing Center offices and on The Hearing Center's web site at [www.hearingclinics.com](http://www.hearingclinics.com).

The Hearing Center reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by accessing The Hearing Center's web site, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

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**Patient's Name:**

**Patient's Date of Birth:**

**X** \_\_\_\_\_ **Date: X** \_\_\_\_\_  
**Signature of Patient or Personal Representative**

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**Description of Personal Representative's Authority (parent, guardian, etc.)**

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**I authorize the following individuals to have minimal access to my personal health information – appointment and scheduling information, billing records (this does not include copies of medical records):**

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<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____
_____	_____