Aurora Audiology & Speech Associates, Inc.
97 Hamburg Street
East Aurora, New York, 14052
(716) 652-6464

Acknowledgement of Notice of Privacy Practices

- I hereby acknowledge that I have had an opportunity to review a copy of this medical practice's Notice of Privacy Practices. I understand that I may receive a copy upon request.

- This practice reserves the right to change the terms of its Notice of Privacy Practices. I understand that a current copy will be dated and posted, with copies available upon request.

Name of Patient: _____

Signed: _____ Date: _____

If patient is a dependent, or not signed by patient, please indicate your relationship:

- ❑ Parent or guardian of minor child
- ❑ Guardian or conservator of patient

Print Your Name: _____

Disclosure of Protected Health Information

Due to the **Health Insurance Portability and Accountability Act of 1996 (HIPAA),** we are not allowed to share your health information with anyone, other than a doctor who is treating you, without your written permission. If there is someone (family member, caregiver) you would like to allow access to any/all aspects of your health information, please complete and sign this form.

I authorize Aurora Audiology & Speech Associates, Inc. to use/disclose health information pertaining to myself, as described below:

Person(s) authorized to receive the information:

Name:_____ Phone#_____

Name:_____ Phone#_____

Description of information that may be used/disclosed (Please check ☑):

_____ Results of Testing and/or evaluations

_____ Information pertaining to use, care, and status of hearing aids and/or orders

_____ Financial information, billing, payment information

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.

I understand that I may revoke this authorization in writing at any time except if Aurora Audiology has already acted based on my prior permission.

_____ _____

Signed Date

_____

Print Name