

Acknowledgement of Notice

Affordable Hearing Solutions

Privacy Official – Michael Rice

I hereby acknowledge that I, _____ have:

- Read the Notice of Privacy Practices
- Received a copy of Affordable Hearing Solutions Privacy Practices
- I have been notified and have been made aware about the Notice of Privacy Practices, but have no intention of reading it at this time.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

Please list the person(s) we are permitted to discuss you information with:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If not signed by patient, please indicate relationship:

- Parent or Guardian of minor patient
- Guardian or Conservator of an incompetent patient
- Personal representative of patient

Name of patient: _____