



715 Douglas Ave. Suite 45, Altamonte Springs, FL 32714 | Tel: 407-949-6737

Privacy Information & Consent for Treatment, And the use and / Or Disclosure of Health Care Information
(HIPAA Compliance as Explained in "Notice of Information Practices")

I authorize Altamonte Family Hearing LLC to discuss my healthcare information (which may include the release of diagnosis, records, appointments, billing and claims information) with the below listed individuals or organizations who may be involved with my health care. I understand that Altamonte Family Hearing LLC originates and maintains my evaluations, hearing health history, check-ups, and future records for care or treatment. I acknowledge that I have been offered a **"Notice of Information Practices"** that provides detailed information regarding the privacy of my information, and specifically my hearing healthcare records. I understand that I may revoke this consent at any time with written notification to Altamonte Family Hearing LLC.

Please print the name(s) of anyone you give consent for Altamonte Family Hearing LLC to release your hearing healthcare information to:

1 _____ Relationship _____

2 _____ Relationship _____

3 _____ Relationship _____

Emergency Contact Information: _____
Please print name Phone # with area code

May we use address given on your Patient Analysis Chart to mail correspondence to you? YES NO
If NO, which address may we use? _____

May we call and/or leave a message at the phone # given on your Patient Analysis Chart? YES NO
If 'NO' please provide a phone number to contact you and to leave messages? (_____) _____

Altamonte Family Hearing does not sell or distribute any of your confidential information.
Your information is shared only as stipulated in the "Notice of Information Practices".

I understand that the cerumen/wax removal process and/or the impression taking of my ear/s process is a semi-invasive procedure and that there is always the possibility of trauma to the skin in my ear canal walls or the tympanic membrane. For deep canal impressions, the procedure may be somewhat uncomfortable, but may be necessary for the effectiveness of the recommended hearing instrument/s. Slight abrasions and slight bleeding are not uncommon from the walls of the ear canals. In the event of uncommon abrasion or trauma, I will be referred to my PCP or an ENT for treatment. I have notified the clinician now present of any medications or conditions that could impact the impression taking procedure.

Patient Name (Please Print)

Patient or Guardian's Signature

Today's Date