Valley AUDIOLOGY

Notice of Privacy Practices

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you.

We will use and disclose your protected health information with only the physicians you list below. We will also use and disclose your protected health information to obtain payment for health care services we provide you. We have our office policy regarding all the ways we will keep your information private posted in our office and a copy is available on request.

Do you give your permission for Valley Audiology to contact you by telephone? ☐ Yes ☐ No
(e.g.,: to confirm your appointments)

Do you give your permission for Valley Audiology to send mailers to you? ☐ Yes ☐ No
(e.g.,: appointment reminders, Valley Audiology newsletter, etc.)

Receipt of Notice of Privacy Practices written acknowledgement:

_____ understand Valley Audiology is in compliance with The Health Insurance
Client Name

Portability and Accountability Act (HIPAA) and have the ability to request a copy of their HIPAA policy.

_____ _____
Signature of Client/Guardian Date

If you would like copies of your audiological evaluation sent to your physician(s), complete the information below. Physician(s) name, address, and phone number must be provided in order for reports to be distributed.
Initial here if you would like a copy of the audiological evaluation sent to you: _____

Physician Name	Physician Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone Number Fax Number	Phone Number Fax Number

If you would like your hearing health information to be discussed with a specific person (e.g., family member, friend, caregiver) please list their contact information below, granting permission for our staff to do so.

Contact Name	Contact Name
Relationship Phone Number	Relationship Phone Number