

Hearing Science

Privacy Policy

Patient Consent for Use and Disclosure Of Protected Health Information

- I hereby give my consent for Hearing Science to use and disclose protected health information (PHI) about me to carry out **treatment, payment** and **health care operations (TPO)**.

I have the right to review the Notice of Privacy Practice prior to signing this consent.

- **Hearing Science** reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to **Hearing Science**.
- With this consent, **Hearing Science** may call my home or other alternative location and leave a message on voicemail or in person with reference to any items that assist the practice in carrying out **TPO**, such as appointment reminders, insurance items, and any calls pertaining to my clinical care, including test results, among others.
- With this consent, **Hearing Science** may mail to my home or other alternative location any items that assist the practice in carrying out **TPO**, such as appointment reminder cards and patient statements.
- With this consent, **Hearing Science** may e-mail to my home or other alternative location any items that assist the practice in carrying out **TPO**, such as appointment reminder cards and patient statements
- I have the right to request that **Hearing Science** restrict how it uses or disclose my **PHI** to carry out **TPO**. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement
- By signing this form I am consenting to allow **Hearing Science** to use and disclose my **PHI** to carry out **TPO**.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke, Hearing Science may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Patient's Name

Date

Print Name of Parent or Legal Guardian (if applicable)

Comments: _____
