AUDIOLOGY CONCEPTS *Audiology Concepts, LLC*

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## Patient Authorization of Disclosure

In general, the HIPAA Privacy Rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. The patient may revoke or change this authorization at any time with a written request.

**I wish to be contacted in the following manner (Check all that apply):**

**Home/Cell Phone:**
- ❑ O.K. to leave message with detailed information
- ❑ Leave message with call-back number only

**Cell Phone:**
- ❑ O.K. to Text appointment reminder

**Work Telephone:**
- ❑ O.K. to leave message with detailed information
- ❑ Leave message with call-back number only

**Written Communication**
- ❑ O.K. to mail to my home address
- ❑ O.K. to fax to my home fax:

It is our policy to keep our patients informed of advancements in hearing health care and technology including helpful tips for best care and maintenance of hearing aids. We will occasionally sent these updates through the mail.
- ❑ CHECK HERE IF YOU WOULD PREFER TO NOT RECEIVE THESE UPDATES.

MARKETING

- ❑ I authorize Audiology Concepts to use and disclose my information for any and all marketing purposes and understand that Audiology Concepts may receive financial remuneration in exchange for making the marketing communication on behalf of the third party whose product or service is being described. The potential persons/class of persons/organizations to who information may be disclosed are: Oticon, Phonak, GnResonund, Widex, Starkey, ESCO, Fuel Medical, Siemens.

- ❑ I prohibit Audiology Concepts INC. from using and disclosing my personal information for marketing purposes.

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In a further effort to protect your health information and the confidentiality of your healthcare, we ask that you designate below to whom the staff at Audiology Concepts may discuss your healthcare and scheduling needs as well as billing issues that may arise.

- ❑ Only disclose information to myself

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Patient Signature:_____ 11/19/2018