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## Notice of Privacy Practices Receipt Acknowledgement

The Notice of Privacy Practices accompanying this form is intended to inform you of the privacy practices of our clinic, as well as your privacy rights with respect to your protected health information. The Notice of Privacy Practices describes how health information about you may be used and disclosed and how you can get access to this information. A copy of the Notice of Privacy Practices document will be provided upon request.

By signing this form, you acknowledge that you have received and read our Notice of Privacy Practices.

Patient's Printed Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consents

The privacy of your health information is important to us. We may only disclose your health information to a family member, friend, or other person with your consent. Please list anyone you'd choose to share your health information with below.

I authorize Comprehensive Hearing Solutions to share health information with the people listed below. This could include your spouse, family members, physicians, school, other health professionals, or other entities or persons. I understand that I can update or revoke this authorization at any time by sending written notification to Comprehensive Hearing Solutions.

_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____

\_\_\_\_\_ By initialing this section, I authorize Comprehensive Hearing Solutions to supply educational and/or marketing information on the products and services offered by Comprehensive Hearing Solutions in direct mail and email formats. I understand that I may revoke this authorization, in writing, at any time.

We may send you a request for a review of our services. We use an automated review service to fulfill this request. There will be a way to privately score and review us without making the review public and available for marketing purposes. We use the review internally for feedback about service delivery even if you choose to keep it private. If you choose to not authorize the public usage of your feedback, you may still receive a review request from the automated system.

\_\_\_\_\_ By initialing this section, I authorize Comprehensive Hearing Solutions to use any online voluntary comments and reviews provided by me in its marketing materials and on their website.