All Ears Audiology, Inc.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

AND CONFIDENTIAL CONTACT INFORMATION

NAME OF PATIENT: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____ RELATIONSHIP: _____

WHERE CAN WE CONTACT YOU? (Please check all the apply)

Work _____

Home _____

Cell _____

CAN WE LEAVE MESSAGES ON YOUR ANSWERING MACHINE

OR WITH ANOTHER PERSON WHO ANSWERS?

YES _____ NO _____

PRIVACY CONTACT

All Ears Audiology, Inc.

705 W. La Veta Ave., Ste 115, Orange, CA 92868 ◈ (714) 927-7888