



AUDIOLOGY & Hearing Aid Solutions

www.audioandhearing.com

1115 Clifton Avenue, Suite 102, **CLIFTON**, NJ 07013 • **973-777-5335**

1 Cedar Crest Village, **POMPTON PLAINS**, NJ 07444 • **973-777-5335**

6 Forest Avenue, Suite 100, **PARAMUS**, NJ 07652 • **201-368-1130**

525 Wanaque Avenue, Suite 101, **POMPTON LAKES**, NJ 07442 • **973-777-0011**

21 Franklin Turnpike, Suite 11, **MAHWAH**, NJ 07430 • **201-368-1130**

301 Bridge Plaza North, **FORT LEE**, NJ 07024 • **201-368-1130**

HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of our HIPAA Notice of Privacy Practices.

Patient Name (Please Print)

Patient Signature

Date

OR

Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent Guardian Power of Attorney Other _____

Please Note: It is your right to refuse to sign this Acknowledgement.