

HIPAA CONSENT FORM

PATIENT GUIDE

Happy Ears Hearing Center wants you to be aware of the Federal Government rules and regulations that are in place to protect your health information. Happy Ears Hearing Center is committed to helping you understand these rules and regulations so that we can most effectively treat you.

Happy Ears Hearing Center provides documents that tell you how information that may identify you and that relates to your audiological/health care will be used. Some of these documents must be signed by you to show you received and understand them and to enable the highest level of care by Happy Ears Hearing Center.

This pamphlet provides an overview of the documents you will receive from Happy Ears Hearing Center.

Notice of Privacy Practices

The Notice of Privacy Practices is a lengthy document that goes into detail to fully inform you about how your health information is used. In a nutshell, the Notice of Privacy Practices covers the following topics:

- How Happy Ears Hearing Center manages and protects your health information.
- How you can restrict certain uses and disclosures of your protected health information
- Your rights in requesting information about your protected health information; and
- Contact information if you have any questions or concerns regarding your protected health information.
- Happy Ears Hearing Center requests that you sign an acknowledgment that you received the Notice of Privacy Practices.

Authorization to Use and Disclosure

To assist Happy Ears Hearing Center in providing the best care possible and to communicate with those close to you and other health professionals who may be treating you, Happy Ears Hearing Center provides you a form to let us know whom we can share your health information with.

Marketing Authorization

The marketing authorization form authorizes Happy Ears Hearing Center to contact you with various products and/or treatment options related to your audiological/health care. The authorization form gives you the option of either:

- Authorizing all marketing communications.
- Requiring authorization for any marketing communication.
- Prohibiting any marketing communication.

Questions/Comments Please do not hesitate to ask us any questions you may have about your protected health information. You may contact our Privacy Officer, Shanna Dewsnap, at 623-428-0727 or s.dewsnap@happyyearshearing.com.

Patient Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____ - _____

I acknowledge receiving a copy of **Happy Ears Hearing Center's** Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted by the reception area, and the website (if applicable) and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

- This Notice informs me of how **Happy Ears Hearing Center** will use my health information for the purposes of my treatment and/or payment for my treatment.
- This Notice explains in more detail how **Happy Ears Hearing Center** may use and share my health information other than treatment, payment, and health care operations.
- **Happy Ears Hearing Center** will also use and share my information as required/permitted by law.

I authorize the following person(s) access to my medical/ billing information:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

☐ **I do not authorize anyone to have access to my personal health information.**

Patient/Responsible Party Signature

Printed Name

Date

*This authorization is valid for 1 year from the signature date