

Marietta Hearing Center
990 Whitlock Ave., N.W., Suite D
Marietta, GA 30064
(770) 427-3033, (770) 427-3035 (fax)

PRIVACY NOTICE ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the Summary Privacy Notice for Marietta Hearing Center.

_____ Patient/Representative Signature

_____ Date

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, _____ hereby authorize Marietta Hearing Center to release my protected health information to the following: (Please check and provide the name to which your protected information may be given)

_____ Family Member _____

_____ Employer _____

_____ Other _____

I understand there may be instances where my healthcare provider may need to communicate some aspects of my protected health information via electronic means or another healthcare provider may be consulted regarding my care or treatment. I also understand that Marietta Hearing Center may use my health information for the purpose of obtaining payment of my healthcare bills. Marietta Hearing Center cannot guarantee privacy via electronic means.

I understand and accept this risk and will allow Marietta Hearing Center to communicate my PHI electronically.

_____ Patient/Representative Sign

_____ Date