GRUSECKI AUDIOLOGY & HEARING AID SERVICES

Grusecki Audiology & Hearing Aid Services, LLC

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Doctor of Audiology

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12691 W Smokey Dr #131 ♦ Surprise, AZ 85378

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____Date of Birth: _____ / _____ / _____

I acknowledge that I received a copy of Grusecki Audiology & Hearing Aid Services, LLC's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, 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 how Grusecki Audiology & Hearing Aid Services, LLC will use my health information for the purposes of my treatment and/or payment for my treatment.

♦ This Notice explains in more detail how Grusecki Audiology & Hearing Aid Services, LLC may use and share my health information for other than treatment, payment, and health care operations.

♦ Grusecki Audiology & Hearing Aid Services, LLC will also use and share my health information as required/permitted by law.

_____ _____
Printed name of patient or personal representative Date

_____ _____
Signature of patient or personal representative Date