



**ALL ABOUT HEARING, INC**  
**2703 W. Cuthbert Ave**  
**Midland, TX 79701**  
 432.689.2220 432.683.2521  
 432.689.2273 fax [allabouthearing@live.com](mailto:allabouthearing@live.com) email



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**Patient Name:** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_

I acknowledge that **ALL ABOUT HEARING INC.** provided me with a written copy of its Notice of Privacy Practices. I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

### AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY

I authorize **ALL ABOUT HEARING INC.** to release information to third parties, as follows:

**None**

**Name:** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **Relationship:** \_\_\_\_\_

**Initial please**

- \_\_\_\_\_ No Restrictions.
- \_\_\_\_\_ Limited (Please Specify)

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Personal Representative Signature (if applicable) Relationship to Patient

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give **ALL ABOUT HEARING INC.**, permission to contact me regarding promotions, new technology etc.

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Personal Representative Signature (if applicable) Relationship to Patient

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our **Notice of Privacy Practices**, but acknowledgement could not be obtained because:

**Initial please**

- \_\_\_\_\_ Individual refused to sign
- \_\_\_\_\_ Communications barriers prohibited obtaining the acknowledgement
- \_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement
- \_\_\_\_\_ Other (Please Specify)

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_