



Patient Consent Form

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- ✓ Conduct, plan and direct my treatment and follow-up among multiple Healthcare providers who may be involved in that treatment directly and indirectly.
- ✓ Obtain payment from third-party payers (i.e. my insurance company).
- ✓ Conduct normal healthcare operation such as quality assessments and physician certifications.

I have been informed of your **Notice of Privacy Practices** policy containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such **Notice of Privacy Practices** prior to signing this consent. I understand that this organization has the right to change its **Notice of Privacy Practices** from time to time and that I may contact this organization at any time at the address below to obtain a correct copy of the **Notice of Privacy Practices**.

I understand that I may request in writing that you restrict how my private information is used to disclose to carry out treatment, payment, or healthcare operations. I understand that you may revoke this consent in writing at any time.

I consent to have Freedom Hearing Center contact me with various product and/or treatment options related to my audiological health care (i.e. warranty expiration reminders, new services, new technology). **Please initial below:**

I authorize _____

I do not authorize _____

We communicate with our patients utilizing different methods. Although we generally communicate via telephone and US Postal Service, we may occasionally communicate via email. Please check off all the appropriate ways in which you would like information to be sent.

- | | | | | | |
|--------------------------------|-----------------------|-------------------------------|--------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> Phone | Appointment Reminders | <input type="checkbox"/> Mail | Warranty Expiration | <input type="checkbox"/> Email | Operational Updates |
| | Service Reminders | | New Service Availability | | New Service Availability |
| | Equipment Pick-up | | New Technology | | New Technology |
| | | | Newsletters | | Digital Newsletters |

Other than yourself, with whom else may we share/discuss results? _____

Patient Name: _____

Signature: _____ Relationship to patient: _____

Date: _____

**If you have questions, and would like additional information, you may contact Freedom Hearing Center and ask to speak with our HIPAA Privacy Officer, Dr. Rebecca Jahed at 443-295-7100.

Prince Frederick
135 W. Dares Beach Road
Suite 102
Prince Frederick, MD 20678

Solomons
14090 HG Trueman Road
Suite 1400
Solomons, MD 20688

Leonardtwn
22650 Cedar Lane Court
Second Floor
Leonardtwn, MD 20650

Greenbelt
7247 Hanover Parkway
Suite A
Greenbelt, MD 20770

Waldorf
3475 Leonardtown Road
Suite 102
Waldorf, MD 20601