



Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I received a copy of Golden State Hearing Aid Center's Notice of Privacy Practices.

- I further acknowledge that a copy of the current Notice will be posted in the reception area, the website and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.
- This Notice informs me how Golden State Hearing Aid Center will use my health information for the purposes of my treatment or payment for my treatment.
- This Notice explains in more detail how Golden State Hearing Aid Center may use and share my health information for anything other than treatment, payment and healthcare operations.
- Golden State Hearing Aid Center will also use and share my health information as required or permitted by law.

Printed name of patient: _____ Date: _____
(or personal representative)

Signature of patient: _____ Date: _____
(or personal representative)