



POLICIES AGREEMENT AND ACKNOWLEDGEMENT OF RECEIPT

Client name: _____

NOTICE OF PRIVACY PRACTICES

By checking this box and signing below, I acknowledge that I received a copy of Hearing, Speech & Deafness Center’s Notice of Privacy Practices **effective as of September, 2013**. The Notice provides information about how HSDC may use and disclose the medical information that we maintain about you. HSDC encourages you to read the full Notice. I understand that a copy of the current Notice will be posted in the reception area, the website (if applicable) and that any revised Notice of Privacy Practices will be made available.

Printed name of patient or personal representative Date

Signature of patient or personal representative Date

FINANCIAL POLICY AND FINANCIAL AGREEMENT

By signing below, I acknowledge that I have read and consent to the financial policy.

Signature of patient or personal representative Date

GENERAL CLINIC POLICIES

By signing below, I acknowledge that I have read and understand the general clinic policies.

Signature of patient or personal representative Date

ATTENDANCE POLICY

By signing below, I acknowledge that I have read and understand the attendance policy.

Signature of patient or personal representative Date