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ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES (NPP)

A Notice of Privacy Practices (NPP) is provided to all patients. The Notice of Privacy Practices identifies: 1) How medical information about you may be used or disclosed; 2) Your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) Your rights to complain if you believe your privacy rights have been violated; and 4) Our responsibilities for maintaining the privacy of your medical information. The undersigned certifies that he/she has read and the foregoing, received a copy of the Notice of Privacy Practices if requested, and is the patient, or the patient's personal representative.

Patient Name (Print) : _____

Date of Birth: _____

Patient Signature: _____

Date Signed: _____

Patient Representative (Print) : _____

Relationship to Patient: _____

Patient Rep. Signature: _____

Date Signed: _____