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**Ears 4 U Hearing Services**  
411 E. Iris Drive, Suite A  
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## PRIVACY NOTATION / CONSENT OF DISCLOSURE

By signing this authorization, I authorize Greater Nashville Hearing, LLC DBA Ears 4 U Hearing Services to share the selected information with the following individuals (such as spouse, parent, son/daughter, etc.):

- Appointment Details
- Medication Information
- Billing/Financial Information
- Any/All Information
- Decline

Individuals authorized to receive selected information and relationship:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

By signing this form, I am giving my permission to this facility to contact me for appointments, services or education that may be of interest to me. I recognize that I may sign at the time of my appointment.

Patient Name (Print) : \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Representative / Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_