

## HIPAA

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 the information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly or indirectly.
- Obtain reimbursement for you from third-party payers.
- Conduct normal healthcare operations such as quality assessments and staff certifications.

I have been informed by you of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my health information. I have been given the right to read and review your Notice of Privacy Practices prior to signing this consent. I understand this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact the organization's office to obtain a current copy of the Notice of Privacy Practices.

I understand I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are required to agree to my requested restrictions and, if agreed, you are bound to abide by such restrictions.

I understand I may revoke this consent in writing at any time, except to the extent you have taken action relying on this consent.

Client Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client (if a minor): \_\_\_\_\_

## Personal health representatives and contact information

### MAY WE LEAVE A MESSAGE CONCERNING TEST RESULTS?

On your answering machine or voicemail? ☐ Yes ☐ No

With another person? ☐ Yes ☐ No

### MAY WE LEAVE A DETAILED MESSAGE REGARDING APPOINTMENTS OR BILLING INFORMATION?

On your answering machine or voicemail? ☐ Yes ☐ No

With another person? ☐ Yes ☐ No

Please list the person(s) with whom we can discuss your protected health information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



3101 N. Green River Rd., Suite 510  
Evansville, IN 47715

PH: (812) 303-4300  
FX: (812) 303-4308

[www.HearBetterEvansville.com](http://www.HearBetterEvansville.com)