7525 Custer Road West Lakewood, WA 98499
(253) 476-4327

Health Insurance Portability and Accountability Act (HIPAA)

I have read and understand the **Notice of Privacy Practices** form from Integrity Hearing Services, PS.

Patient Name: _____ DOB: _____

Please select from the following:

☐ Okay to text

☐ Okay to call

☐ Okay to email

☐ Okay to receive Our newsletter, holiday cards, and special offers

Patient Consent:

I am requesting the following person(s) can access all my records or be given any information regarding my treatment or billing at Integrity Hearing Services.

Name(s): _____ Relation: _____

_____ Relation: _____

_____ Relation: _____

Patient Signature: _____ Date: _____

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For office use Only

Added to chart on _____

Privacy Officer Signature _____

Patient Refused ☐

Updated March 2021