

Santa Barbara Audiology

Name _____ Date _____ Date of Birth _____

Address _____

Phone _____ Email _____

Emergency Contact _____

Insured's Date of Birth (if different from patient): _____

Have you worn hearing aids before?

Can you hear better on one side than the other?

Have you ever had ear surgery?

Has your hearing changed suddenly?

Do you have ringing in your ears?

Did you have chronic ear infections as a child or adult?

Do you have a family history of hearing loss?

Have you been exposed to loud noise?

Have you had any trauma to the head or ear?

Have you had pain or drainage in the ears in the past 90 days?

Do you have dizziness or instability?

Notice of Privacy Practices Acknowledgment of Receipt

Our Notice of Privacy Practices (NPP) provides information about how Santa Barbara Audiology may use and disclose protected health information (PHI) about you. We provide this form to comply with the Health Insurance Portability and Accountability Act (HIPAA). The NPP contains a Patients' Rights section describing your rights under the law. Please review the Notice of Privacy Practices thoroughly before signing this acknowledgment form. In the event that terms of the Notice change, a revised copy will be made available to you.

By signing this form, you acknowledge that Santa Barbara Audiology may use and disclose PHI about you for treatment, payment and healthcare operations. You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment or healthcare operations.

Signature

Date