



Name: _____
Last First Middle Initial

Social Security Number: _____

Address: _____

Email: _____

Phone Number: _____
Home Work
Cell Other

Date of Birth: _____

PRIVACY POLICY

We at Hawaii Professional Audiology, LLC are vigilant to protect patient confidentiality. No information regarding our patients are shared or distributed with any other person or organization other than for treatment, payment or facility health care operations without the patients' signed authorization.

Our PRIVACY NOTICE describes the type of information Hawaii Professional Audiology, LLC gathers about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical/audiological information and the right to approve or refuse the release of specific information except when there is nothing you need to do. If you prefer that we do not share information, we may honor your written request in certain circumstances. If you have any questions regarding our Privacy Notice, please contact our Privacy Officer, Linda Morneau, at 808-597-1877.

By Signing and dating this form below, I acknowledge that I have received a copy of Hawaii Professional Audiology, LLC's Privacy Notice or have refused a copy at this time.

Name

Signature Date