

**Patient Consent for Use and Disclosure of
Protected Health Information**

As required by the Privacy Regulations Created as a Result of the Health Insurance
Portability and Accountability Act of 1996 (HIPPA).

PLEASE REVIEW THIS NOTICE CAREFULLY:

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of the privacy practices that we have in effect at the time.

I recognize I have the right to review the Notice of Privacy Practices (posted in the patient waiting area) prior to signing this document. South Shore Hearing Center reserves the right to revise its Notice of Privacy Practices at any time. The revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer, South Shore Hearing Center, Stetson Medical Center, Suite 418, 541 Main Street, S. Weymouth, MA 02190.

With my consent, South Shore Hearing Center may use and disclose my PHI in order to carry out: Treatment, Payment, and Health Care Operations (TPO). Please refer to the Notice of Privacy Practices for a more complete description of such uses and disclosures.

With my consent, South Shore Hearing Center may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders and insurance items, and in reference to my clinical care such as relaying laboratory results, among others.

With my consent, South Shore Hearing center may mail to my home or other designated location items that assist in the carrying out of TPO, such as appointment card reminders, e-mails and patient statements, as long as they are marked Personal and Confidential.

At no time will we give your PHI directly to a hearing aid vendor for marketing purposes. Although we may dispense hearing aids from many manufacturers, from time to time we may invite you to an educational consumer seminar to learn about new products from a specific vendor. We may also send you information regarding new products through mailings.

By signing this form, I am consenting to South Shore Hearing Center's use and disclosure of my PHI to carry out TPO and to the use of phone or mail contact as outlined above:

Signature of Patient or Legal Guardian

Patient's Name

Print name of Patient or Legal Guardian

Date