



Alliance Hearing Center LLC
Alliance Hearing Aids LLC

194 Pleasant St, Suite 1 Concord, NH 03301 (603) 415-3277 (603) 415-0055 fax	91 Hancock Rd, Suite 4A Peterborough, NH 03458 (603) 547-1660 (603) 784-5477 fax
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HIPAA Disclosure, Release of Information, Consent, Communication, Photo ID

Please read and initial each policy statement and sign the bottom of the form.

PATIENT PRIVACY POLICY: I acknowledge that a copy of the Alliance Hearing Center^{LLC} and/or Alliance Hearing Aids^{LLC} patient privacy policy was offered or given to me. (Available at check-in window and on our website.)

Initials: _____

AUTHORIZATION FOR RELEASE OF INFORMATION: I authorize the release of information to my audiologist, any physician involved in my care, as well as to my insurance company to process my child's medical claims.

Initials: _____

CONSENT: I authorize Alliance Hearing Center^{LLC} and/or Alliance Hearing Aids^{LLC} and any qualified, authorized person employed by them to perform and/or initiate diagnostic evaluation and hearing aid treatment and authorize or order related services and agreed upon products on my child's behalf.

Initials: _____

COMMUNICATION AGREEMENT: I understand that as part of my hearing healthcare, Alliance Hearing Center^{LLC} and/or Alliance Hearing Aids^{LLC} will need to contact me in order to schedule an appointment, remind me of an appointment, provide test results, give instructions or provide other information. I have indicated my preferred method of contact on the registration form.

Initials: _____

PHOTO ID: Due to new government regulations regarding insurance fraud and mistaken identity as well as Meaningful Use requirements with our new Electronic Medical Record system, we will be taking webcam photos of our patients (parent & child for a patient who is an infant/toddler). In addition, patients and/or guardians may be asked for a driver's license or other photo ID.

Initials: _____

My signature below acknowledges that I have read and agree to the above listed policies.

 Signature of Parent/Legal Guardian

 Date