Hearing Science of Rancho Cucamonga

Patient Consent for Use and Disclosure
Of Protected Health Information

I hereby give my consent for **Hearing Science** to use and disclose protected health information (*PHI*) about me to carry out treatment, payment and health care operations (*TPO*).

I have the right to review the Notice of Privacy Practices prior to signing this consent.
Hearing Science reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Hearing Science.

With this consent, **Hearing Science** may call my home or other alternative location and leave a message on voice mail or in person with reference to any items that assist the practice in carrying out *TPO*, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including test results, among others.

With this consent, **Hearing Science** may mail to my home or other alternative location any items that assist the practice in carrying out *TPO*, such as appointment reminder cards and patient statements.

With this consent, **Hearing Science** may e-mail to my home or other alternative location any items that assist the practice in carrying out *TPO*, such as appointment reminder cards and patient statements.

I have the right to request that **Hearing Science** restrict how it uses or discloses my *PHI* to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form I am consenting to allow **Hearing Science** to use and disclose my PHI to carry out *TPO*.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke, Hearing Science may decline to provide treatment to me.

_____ _____
Signature of Patient or Legal Guardian Print Patient's Name

_____ _____
Date Print Name of Patient or Legal Guardian (if applicable)

Comments:

8283 Grove Ave., Suite 104 Rancho Cucamonga, CA 91730 (909) 920-9906