

Consent and Acknowledgement Form



Customer's name: _____ Date of Birth: _____

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I. Consent for Release of Information

1. Release of Information. I authorize Miracle-Ear to disclose and furnish copies of any information relating to my care at a Miracle-Ear® Hearing Aid Center (including any information related to substance abuse, mental health, HIV/AIDS, or other sensitive issues), to:

- any person or health care provider Miracle-Ear believes to be involved in my care;
- any third party payor or other party that may provide health-related benefits to me or may be financially responsible for the services I receive;
- any other person or organization I may specify in writing; and
- as allowed by applicable state and federal law, any other persons or organizations as necessary for my treatment, payment or Miracle-Ear health care operations.

In certain cases, such as when I request to have my records sent to another provider, I understand that Miracle-Ear may charge me, and I agree to pay, a copying fee for Miracle-Ear costs in photocopying or otherwise reproducing the records.

2. Effective Date; Revocation. I understand that I may revoke this consent at any time by giving written notification to Miracle-Ear. This consent expires on the earlier of: (i) the date Miracle-Ear receives a written notice of revocation; or (ii) the date that the consent expires in accordance with governing law. I understand that my revocation will be ineffective to the extent Miracle-Ear has relied upon the permission granted in this consent.

3. Additional Rights. I understand that a more detailed description of my rights regarding my records can be found in Miracle-Ear Notice of Privacy Practices.

II. Payment Authorization

1. Payment Responsibility. I agree that I am responsible to pay Miracle-Ear for all services furnished to me at Miracle-Ear Hearing Aid Center, including, any and all amounts which are not paid for by my insurance.

III. Acknowledgement of Receipt of Notice

1. Acknowledgment. By signing below, you are acknowledging that you have received a copy of our Notice of Privacy Practices.

* * * *

Signature of customer (or customer's representative): _____

Date: _____

Print Name of Customer: _____

If you are signing as the customer's representative: _____

Print your name: _____

Describe your authority: _____