



ENT and ALLERGY SPECIALISTS

HIPAA ACKNOWLEDGMENT

Ear, Nose, & Throat

Sinus and allergy disorders

Sinus surgery

Sublingual immunotherapy

Sleep & snoring disorders

Radiofrequency & laser treatments

Head & neck surgery

Skin cancer

Speech & swallowing disorders

Ear disorders & surgery

Voice disorders

Balance disorders

Thyroid surgery

Pediatric ear, nose, & throat disorders

Audiology

Hearing evaluations

Hearing aids

Balance testing & treatment

Newborn hearing screening

Facial Plastic/Cosmetic

Facial plastic surgery

Non-invasive facial treatments

Botox/Restylane

Laser skin resurfacing

Hair removal

Skin care

Laser vein therapy

PATIENT NAME: _____

I acknowledge that a copy of the Notice of Privacy Practices for ENT and Allergy Specialists was made available to me.

If I wish to allow a family member or friend to receive my personal protected health information, I must sign an Authorization Form provided by the Practice.

Date: _____

Patient Signature: _____
(if over 18 years of age)

Witness Signature: _____

www.ENTandAllergySpecialists.com

7/2/11

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