



**PLEASE READ CAREFULLY, CHECK THE BOXES AND SIGN BELOW**

- I agree that I am ultimately responsible for the balance of my account for services rendered.
- I acknowledge that I have received the Health Insurance Portability and Accountability Act policy for this office.
- I give permission to this practice to release information, verbal and written, contained in my medical record and other related information to my insurance company, healthcare providers, employers, assignees and/or beneficiaries, and all other related persons. Information without patient identifiers may be used for quality purposes.
- The FDA has determined that it is in my best interest to have a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing hearing devices. I have been advised by the practice and/or its agents about this determination and hereby waive this requirement.
- I give permission to receive newsletters or information about upcoming events, specials, and articles pertaining to services or products in the clinic.

I have read all the information on this form, agree to the checked boxes above, certify this information is true and correct to the best of my knowledge and hereby give my permission to the practice to treat my concerns.

**I have read, understand, and agree to the above information.**

Patient Signature	Date
Legal Guardian if Patient is a Minor	Date

**THIS PORTION TO BE COMPLETED BY HEARING CARE PROFESSIONAL**

<input type="checkbox"/> Quiet Conversation <input type="checkbox"/> Door Bell <input type="checkbox"/> Phone Ringing <input type="checkbox"/> Alarms <small>(Clock, Security, Timers, etc.)</small>	<input type="checkbox"/> Home Telephone <input type="checkbox"/> Driving <input type="checkbox"/> Religious Services <input type="checkbox"/> Adult Conversations <input type="checkbox"/> Small Family Gatherings <input type="checkbox"/> Quiet Restaurants	<input type="checkbox"/> Cell Phones <input type="checkbox"/> Shopping <input type="checkbox"/> Movie Theaters <input type="checkbox"/> Health Clubs <input type="checkbox"/> Small Group Meetings <input type="checkbox"/> Conversations with Children <input type="checkbox"/> Television <input type="checkbox"/> Open/Reverberant Home <input type="checkbox"/> iPod®/Personal Music Players	<input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Entertainment Venues <small>(Casinos, Exhibit Halls, etc.)</small> <input type="checkbox"/> Busy Restaurants <input type="checkbox"/> Frequent Social Gatherings <input type="checkbox"/> Bluetooth® Phones <input type="checkbox"/> Conference Calls <input type="checkbox"/> Multimedia Connectivity <small>(Home Theater, Computer, Phone, etc.)</small> <input type="checkbox"/> Travel & Airports <input type="checkbox"/> Concerts & Arts <input type="checkbox"/> Group Presentations
Total _____	Total x2 _____	Total x3 _____	Total x4 _____ Grand Total _____

Does the companion agree?  Yes  No Explain \_\_\_\_\_

**Desired lifestyle?**  Private  Quiet  Active  Dynamic