

CONCEPTS IN HEARING, LLC.

TIMBERVIEW OFFICE PARK
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Notice of Privacy Practices
As required by the privacy regulations created as a result of the
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Effective Date: August 29, 2008

I, _____, am a client or parent/guardian
(print name)

of a minor child who is a client of Concepts In Hearing, LLC.

I have read and understand the Notice of Privacy Practices of Concepts In Hearing, LLC.

I have been offered a copy of this document. I agree to allow Concepts In Hearing, LLC. to manage my protected healthcare information, or that of my minor child, as indicated in this document. I understand that this consent pertains to current and future healthcare records produced and maintained at Concepts In Hearing, LLC..

Signature of Client or Parent/Guardian named above

Date of Signature