

NOTICE OF PRIVACY PRACTICES

By signing below, I authorize that _____ Kingston Audiology Center _____, supervised by its designated privacy officer, _____ Lorri Perry, Au.D. _____, has duly informed me of their practice's privacy policy and I attest that I am in agreement with its listed regulations and privileges:

Name (printed): _____

Name (signature): _____

Name of Parent or Guardian, if patient is under 18, (printed): _____

Signature of Parent or Guardian: _____

Date: _____