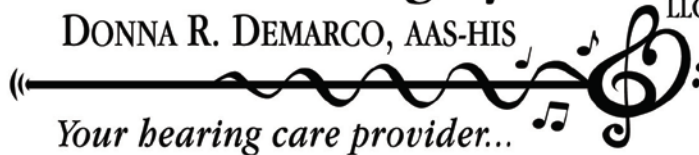




Accurate Hearing Systems

DONNA R. DEMARCO, AAS-HIS

LLC



Your hearing care provider...

ACKNOWLEDGEMENT STATEMENT

I acknowledge, by signing and dating this form, that I have read Accurate Hearing Systems, LLC Notice of Privacy Practices, I understand that I am entitled to a copy of the privacy notice, at my request.

Signature of Patient or Personal Representative

Date

If not signed by the patient, please indicate relationship:

____ Parent or guardian of minor patient

____ Guardian or conservator of an incompetent patient

____ Person accompanying patient; patient not able to sign

For Office Use Only:

We attempted to obtain written knowledge of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained due to:

____ Individual refused to sign acknowledgement

____ Communication barriers prevented obtaining acknowledgement

____ Other (please specify)

If refused, reason for refusal: _____

Employee's signature

Date