

NOTICE OF RECEIPT OF PRIVACY PRACTICES

Patient's Name: _____

By signing below, you acknowledge receipt of the *Notice of Privacy Practices* of Lyric Audiology, PLLC. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our Privacy Officer at: hearingarts@aol.com.

I acknowledge receipt of the *Notice of Privacy Practices* of Lyric Audiology, PLLC.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Reasons why the acknowledgment was not obtained:

- Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices
- Other: _____

Signature of provider representative: _____

Date: _____

NOTICE OF RECEIPT OF OFFICE POLICIES

By signing below, you acknowledge receipt of the *OFFICE POLICIES* of Lyric Audiology, PLLC. Our *OFFICE POLICIES* provides important information regarding our practice, financial responsibilities, appointments, records requests, etc. We encourage you to read it in full and understand it.

Our *OFFICE POLICIES* are subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at: hearingarts@aol.com.

I acknowledge receipt of the *OFFICE POLICIES* of Lyric Audiology, PLLC.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)