



Experience the 'New Way!'

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Acknowledgment of Privacy Practices Notice

I hereby acknowledge that I, _____
have:

(patient name)

____ Read the Notice of Privacy Practices

____ Received a copy of NWA's Privacy Practices

____ Have been notified and have been made aware about the Privacy
Practices, but have no intention of reading it at this time

Patient Signature: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by patient, please indicate relationship:

____ Guardian or Conservator of an incompetent patient

____ Personal representative of patient

Name of patient: _____

For Office Use Only

____ Signed form received by: _____

____ Acknowledgment refuse