

**HEARING ASSOCIATES, PC
250 SOUTH CRESCENT DRIVE
MASON CITY, IA 50401**

ACKNOWLEDGEMENT FORM

I have received the Health Insurance Portability and Accountability Act of 1996 and I have been provided an opportunity to review it.

Print Name: _____

Signature: _____

Date: _____ - _____ - _____

The privacy rule portion of the HIPAA regulations requires our practice to submit a copy of the Privacy Notice to each patient, both existing and new. If the patient refuses to sign the notice, this practice is not obliged to treat the patient.