

# NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

The confidentiality of your health information is a top priority at Chelmsford Hearing Group, LLC, I have received a copy of this institution's Health Information Privacy Policy.

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**Please identify any person other than yourself with whom we may share your protected health information (spouse, child, etc.) and include their relationship with you.**

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