ELY SHAPIRO, MD
Board Certified Otolaryngologist

CASEY ASHBY, DO
Board Certified Otolaryngologist

MARTIN CLINARD, PA-C
Certified Physician Assistant

JONI VOSS, MA, F-AAA
Clinical Audiologist

THERESA MEINERT, MS, CCC-A
Clinical Audiologist

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Acknowledgment of Receipt of ADULT & PEDIACTRIC EAR, NOSE & THROAT PLC

Notice of Patient Privacy

By my signature below I herby acknowledge receipt of the Notice of Privacy Practice and I acknowledge that the Practice will use and disclose my health information for purpose of treating me, obtaining payment for services rendered to me, and conducting health care operations.

I have also been advised of my rights to obtain access to and control my Protected Health Information.

_____ _____

Name of Patient **Date of Birth**

_____ _____

Signature of Patient or Responsible Party **Date**

_____ _____

Relationship to Patient **Date of Birth**