

Tri-City Audiology, LLC
HIPAA Authorization to use and disclose Protected Health Information for
Educational, Promotional, and Marketing Communications

At Tri-City Audiology, we want to keep our patients informed about the latest information about hearing loss, new technology, and general information that may help you get the most out of your hearing instruments. We occasionally send, via US Mail or Email, communications that we feel would benefit you.

Tri-City Audiology does **NOT** sell your PHI to any third parties for marketing purposes. However, we may occasionally receive remuneration to help with some of our own marketing.

HIPAA regulations now state that we need your authorization in order to send you these communications.

- Authorization is completely voluntary. Your health care with us will not be affected if you choose not to authorize communications. You may also revoke authorization at any time.
- Authorization will expire five years after the date below or sooner if revoked.
- You may receive a copy of this form after it is signed.

I have read the above and authorize the disclosure of the Protected Health Information as stated.

Signature of Patient/Guardian/Representative: _____

Date: _____

Printed Name of Guardian/Representative: _____

Relationship: _____

Authorization Renewal

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____