BAYSIDE AUDIOLOGY & HEARING AIDS

Acknowledgment of HIPAA (Health Insurance Portability and Accountability Act)

Patient Name: _____Date of Birth: _____

As a result of the Health Insurance Portability and Accountability Act (HIPAA), enforced by the U.S. Department of Health and Human Services office of Civil Rights, we are not permitted to release patient information except as stated in the Notice of Privacy Practices, or in accordance with your wishes as stated below.

I may request a copy of Bayside Audiology & Hearing Aids' Notice of Privacy Practices which describes how my medical information may be used and disclosed. Any questions regarding this policy can be answered at my request.

The authorizations made above will remain effective until such time as I notify Bayside Audiology & Hearing Aids' office in writing of requested changes.

This waiver authorizes Bayside Audiology & Hearing Aids to send/give my medical information as noted:

1. **Leave a Voicemail Recording/Text including my Personal Health Information: YES / NO**
2. **Send email including my Personal Health Information: YES / NO**
3. **Emergency Contact: _____**
4. **Phone#: _____**
5. **Relationship to patient: _____**

Are we authorized to share Personal Health Information with this person: YES / NO

Additionally, we may correspond by mail, e-mail or text to include newsletters, appointment reminders, and/or office events and updates.

Bayside Audiology & Hearing Aids does not release any Protected Health Information to any outside entity for marketing purposes.

Please sign that you have reviewed and accepted our HIPAA
&
Billing and Privacy Statements (on back):

Patient's Signature: _____Date:_____

Bayside Audiology & Hearing Aids

PATIENT PRIVACY & ASSIGNMENT OF INSURANCE BENEFITS

Billing Policy: Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claims or accept responsibility for negotiating claims with your insurance company. It is your responsibility to know whether your insurance company covers hearing testing and related goods and services, and whether or not pre-certification, prescription, physician's order, or complete uniform referral from your physician is required in order to have insurance billed for hearing tests. It is also your responsibility to obtain the appropriate pre-certification, prescription, physician's order or complete uniform referral from your physician and present it at the time of the appointment. You are responsible for the cost of the hearing testing at the time of testing if you do not provide the appropriate referrals. If your insurance does not pay the claim within thirty (30) days of submission, it is your responsibility to pay Bayside Audiology & Hearing Aid Services, LLC the billed amount and resubmit the claim on your own. Payment for services rendered is due at the time of service.

- I hereby assign all medical benefits, to include major medical benefits to which I am entitled, private insurance, and any other health plans to Bayside Audiology & Hearing Aid Services, LLC. A photocopy of my insurance card(s) and a copy of my driver's license are to be considered as valid as an original.
- I am financially responsible for all charges whether or not paid by the above insurance. I hereby authorize Bayside Audiology & Hearing Aids Services, LLC to release all information necessary to secure the payment. If insurance pays only a portion of the bill or fails to make payment to Bayside Audiology & Hearing Aids, LLC within 30 days, I will be responsible for payment of the balance in full at that time.
- We accept cash, check, CareCredit, Visa, MasterCard and Discover. A service charge of $5.00 will be applied to the balance of your statement for past due accounts over thirty (30) days and an additional $5.00 service charge will be applied every thirty (30) days the account remains in past due status.

Medicare Patients:

I request payment of authorized Medicare benefits to be made to Bayside Audiology & Hearing Aid Services, LLC for any services rendered. I authorize any holder of medical information about me to be released to the Health Care Financing Administration and its agents any information needed to determine these benefits or related services to pay the claim. If there are other insurance carriers, my signature authorizes releasing of information. In Medicare assigned cases, the provider agrees to accept the charge determination of the Medicare carrier as the full charge and the patient is responsible for only the deductible, coinsurance and the non-covered services. Coinsurance and the deductible are based upon the charge determined by the Medicare carrier.

We Care About Your Privacy: Bayside Audiology & Hearing Aid Services, LLC is proud to be HIPAA compliant. Our company also provides patients with the opportunity to review the Notice of Privacy Practices. Our receptionist has a copy at the front desk. Please let the receptionist know if you would like to review the notice. Our company will only disclose your hearing health information, with your permission, for reasons directly related to the purpose of your visit. We will let you know at the time of your appointment if we need to release information to a 3rd party so that you will have the opportunity to decide whether or not you want to release the information. One service, in particular, we feel benefits our patients is a report sent to your primary care physician and your referring physician to keep them "in the loop" about your hearing health care.

I am aware hearing aid accessories and supplies provided to me are non-refundable. Hearing aids are returnable only within the trial period.