

James V. Crawford, MD
Eric P. Wilkinson, MD



Michael Bateman, AuD
Adam Reyes, AuD
Shane Hunsaker, AuD

HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT

By signing below, I acknowledge that I have received the Notice of Privacy Practices of Idaho Ear Clinic which explains its legal duties and privacy practices with respect to my protected health information. I understand that I may refuse to sign this Acknowledgement.

I hereby agree, Idaho Ear Clinic may disclose any, and all my protected health information to the following individuals, all of whom are involved in my care for any purpose of related to my treatment or the payment of my care.

_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number

Signature of Patient/Patient's Representative

Date

13900 W. Wainwright Dr., Ste. 102, Boise, ID 83713
Ph: (208) 938-5823 – Fax: (208) 938-5306

459 Locust St. N, Ste. 110, Twin Falls, ID 83301 / 2311 Parke Ave., Ste. 3, Burley, ID 83318
Ph: (208) 734-8263 – Fax: (208) 734-8481