



211 S. Apopka Avenue
Inverness, FL 34452
352-726-4327

NOTICE OF PRIVACY PRACTICES

By signing below, I authorize that Professional Hearing Centers, supervised by the designated privacy officer, Bonnie Dingler, has duly informed me of their practice's privacy policy and I attest that I am in agreement with its listed regulations and privileges:

Name (printed): _____

Name (signature): _____

Name of Parent or Guardian, if patient is under 18, (printed): _____

Signature of Parent or Guardian: _____

Name of any relative(s)/friend(s) who can receive information about you:

Date: _____