

Valley Audiology

2415 High School Ave., Suite 300
Concord, CA 94520
925-676-8101
Fax: 925-676-8420

1220 Rossmoor Parkway
Walnut Creek, CA 94595

Notice of Privacy Practices

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you.

We will use and disclose your protected health information with only the physicians you list below. We will also use and disclose your protected health information to obtain payment for health care services we provide you. We have our office policy regarding all the ways we will keep your information private posted and a copy is available on request.

Receipt of Notice of Privacy Practices written acknowledgement:

I _____, understand Valley Audiology is in compliance with
Client Name
The Health Insurance Portability and Accountability Act (HIPAA) and have the ability to request a copy of their HIPAA policy.

Signature of Client/Guardian

Date

If you would like copies of your audiological evaluation sent to your physician(s), complete the information below. Physician(s) name, address, phone number, and fax must be provided in order for reports to be distributed.

Initial here if you would like a copy of the audiological evaluation sent to you: _____

Physician Name

Physician Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Fax Number

Fax Number