



3780 King Rd  
Suite 2C  
Toledo, OH 43617

The Health Insurance Portability and Accountability Act (HIPAA) privacy rule gives individuals the right to request restrictions on certain uses and disclosure of their protected health information (PHI). The individual also has the right to request confidential communications or that a PHI communication is made by alternative means.

Please let us know how we may contact you: **(check all boxes that apply)**

☐ Home Telephone \_\_\_\_\_  
☐ Message with detailed information  
☐ Message with call back number only  
☐ Other \_\_\_\_\_

☐ Work Number \_\_\_\_\_  
☐ Message with detailed information  
☐ Message with call back number only  
☐ Other \_\_\_\_\_

☐ Mail home address \_\_\_\_\_

☐ Fax to \_\_\_\_\_

☐ Other \_\_\_\_\_  
\_\_\_\_\_

☐ I permit that that my PHI may be discussed with the following individuals:

☐ Spouse  
Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
☐ Other  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone number \_\_\_\_\_

☐ Additional instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I have read and agree with the Notice of Privacy Practice (NPP) provided by Great Lakes Audiology, LLC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date