

# MARIEMONT HEARING CENTER

## PATIENT INFORMATION

PATIENT NAME \_\_\_\_\_ GENDER: M / F  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ E-MAIL \_\_\_\_\_ @ \_\_\_\_\_  
REFERRING PHYSICIAN \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_  
PARENT NAME ( If patient is child) \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_  
SPOUSE'S NAME (if applicable) \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_  
SPOUSE'S ADDRESS (if different than above) \_\_\_\_\_  
RESPONSIBLE PARTY \_\_\_\_\_

### Acknowledgement of Receipt of Notice of Privacy Practices

## MARIEMONT HEARING CENTER

### **\*You May Refuse to Sign this Acknowledgement\***

I have received a copy of this office's Notice of Privacy Practices.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)