



South County Hearing Services

HIPAA - Acknowledgment of Receipt of Notice

Narragansett Medical Building
360 Kingstown Rd.
Unit 206
Narragansett, RI 02882

Phone: 401-789-1906
Fax: 401-789-1929

I understand that South County Hearing Services has a Privacy Act that is in compliance with HIPAA regulations.

I understand I may receive a copy of this privacy act upon request.

_____ I DO NOT wish to receive a copy of this privacy act and waive this right at this time.

_____ I wish to receive a copy of this privacy act.

Signature _____

Date _____

Name _____

If not signed by the patient indicate relationship

- Parent or guardian if patient is a minor
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient (if different than above) _____

For office use only
Signed and received by: _____

Acknowledgment refused: _____

Efforts to obtain

Reasons for refusal
