

The Lyrical Hearing Center, LLC

333 West 57th Street Suite 104 New York, NY 10019 212-635-9742

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I may request a copy of the Notice of Privacy Practices for The Lyrical Hearing Center, LLC. I agree by providing any contact phone numbers that it is okay to leave messages regarding my care in this office, including but not limited to test results. I may also receive mail related to my treatment at the address provided.

Print Patient Name: _____

Signature of Patient: _____

Date: _____

You may release medical information to:

- Parent _____
- Child _____
- Spouse _____
- Other _____

If person signing is not the patient, please print your name and relationship to patient:

Name: _____

Relationship: _____

I _____ request a copy of the Notice of Privacy Practices:
Yes__No__

For Office Use:

If patient /representative requested copy of Notice, date copy was provided:

If no acknowledgement could be obtained, state reasons why and the efforts taken to try to obtain acknowledgement:
