



Salem Audiology Clinic, INC

3857 16C Wolverine Street NE

Salem, OR 97305

(503) 588-1039

Effective Date of this Notice: 04/14/2003

WRITTEN ACKNOWLEDGEMENT FORM

I, _____,

(Print patient Name)

have been given a copy of **SALEM AUDIOLOGY CLINIC, INC's** Notice of Privacy Practices and Financial Policy for my review.

Signature of Patient _____

Date_____

Signature of Responsible Party_____

Date_____

FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Other _____