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## NOTICE OF PRIVACY PRACTICES

This Notice is effective February 18, 2010

Please print below any persons you wish Adept Audiology to release your health information to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

By signing below, I hereby acknowledge that I have read and fully understand the terms and conditions of the Notice of Privacy Practices provided by Adept Audiology, LLC and have had the opportunity to ask questions about the use and disclosure of my health information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Print Patient Name