

## RECEIPT OF PRIVACY PRACTICE NOTICE

I hereby acknowledge that Little Traverse Hearing has offered to provide me with a copy of the Notice of Privacy Practices.

By signing this form, you acknowledge that you have received our “Notice of Privacy Practices” (the “Notice”). This Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information. You have the right to review the Notice before signing this acknowledgment.

By signing this form, you further acknowledge that medical information collected by our practice will be stored in a medical record system operated by our practice, and kept securely in line with state and federal regulations.

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Signature:

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Date:



LITTLE TRAVERSE  
**HEARING**

**(231) 881-9128**

**Fax: (231) 525-2213**

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