



Enjoy the sounds of life!

### CONSENT TO EXCHANGE INFORMATION

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

**I hereby give my consent for Hear for You Hearing Aid Center, LLC. to exchange information with:**

(Name and Address of Agency/Individual)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information exchanged may include but is not limited to hearing records and medical reports. Information may be shared through written reports, by phone, fax or in person.**

All of the information I hereby authorize to be exchanged with the above will be held strictly confidential and cannot be released without my written consent. I understand that I the right to inspect and copy the information being disclosed. I understand that I may withdraw this authorization at any time through written notice.

This request is effective up to and including 1 year from the date of signature.

By checking this box, you authorize Hear for You Hearing Aid Center to periodically send you, via e-mail or U.S. mail, helpful information relating to your hearing health and maintenance for your hearing instruments, special promotions that may be available to you, and/or information about special fundraising events.

\_\_\_\_\_  
Signature of Consenting Party

\_\_\_\_\_  
Relationship to Patient  
(must be legal guardian/conservator)

Date \_\_\_\_\_