Integral
AUDIOLOGY
Better living starts *hear*.

CONSENT & HIPAA

AUTHORIZATIONS & HIPAA ACKNOWLEDGEMENT

By signing below, I acknowledge that I am voluntarily consenting to audiological diagnostics and care by Integral Audiology. I understand that the audiological services provided may include diagnostic testing, hearing aid management, or rehabilitation services. Participation in any treatment is voluntary.

By signing below, I acknowledge that I have received a copy of Integral Audiology's Notice of Privacy Practices. The Notice provides information on how Integral Audiology may use and maintain Protected Health Information (PHI). A copy of our full Notice of Privacy Practices is available on our website, at our reception area, or upon request to be mailed or emailed to you.

By signing below, I authorize Integral Audiology to send me educational and/or marketing information on the products and services offered by Integral Audiology. No remuneration is involved in this communication. I understand that I may revoke this authorization, in writing, at any time.

By signing below, I agree to accept the financial policies of Integral Audiology. I understand that payment in full is due on the date of service, including all co-pays, co-insurance, deductibles, and non-covered services.

Signature: _____ Date: _____

Printed Name: _____

INFORMED CONSENT FOR TEXT MESSAGE COMMUNICATION

Integral Audiology offers appointment reminders and limited communication via text messaging to help you manage your care more conveniently. By consenting, you may receive: Appointment confirmations and reminders, notices about upcoming evaluations or follow-up visits, occasional messages regarding paperwork, rescheduling, or care coordination. While we make every effort to protect your privacy, text messages are not a secure form of communication. Messages may be intercepted, viewed by others with access to your phone, or misdirected in rare cases. Texts will not include sensitive health details or diagnostic information. You may opt out of text messaging at any time by notifying our office. For urgent matters, please call the clinic directly.

☐ YES, I would like to receive appointment reminders and limited communication via text message.

☐ NO, I would not like to receive communication via text message.

Signature: _____ Date: _____