



SHORT CONFIDENTIAL PATIENT QUESTIONNAIRE

Our concern is your hearing. So, to better help you, we ask that you fill out this questionnaire to describe in what ways your hearing affects you. This information is **kept strictly confidential**, is not sold, and is made a part of your permanent hearing healthcare file. Thank you for placing your trust in us for all your hearing needs.

❶ **My Name:** _____ Spouse: _____
 Current Address: _____ City _____ State _____ Zip _____
 Date of Birth: ____/____/19____ Primary E-Mail: _____ @ _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 My Hobbies & Interests: _____
 Employed: Yes No If so, what type of occupation: _____
 Primary Physician: _____ Phone: (____) _____
 Address: _____ City _____ State _____ Zip _____

❷ **Why I chose PūrTone?** _____ (please specify)
 My physician listed above referred me. (Check box if applicable)

❸ My Communication Difficulties:

Understanding group conversations? _____
 Clarity of television or radio? _____
 Telephone conversations? _____
 Female and children's voices? _____
 Conversations in an automobile? _____
 Others? _____

❹ My Hearing Priorities – Rate from First Priority to Last Priority (from 1-9)

___ Hear in Noisy Places	___ Size/Discreetness	___ Comfort of Device
___ Hear TV & Phone	___ Latest Technology	___ Designer Styles
___ Understand Speech	___ Cost	___ Service & Reliability

❺ **I want to hear and understand better?** Yes No If yes, why? _____

Federal Regulations state that if you have not been evaluated by a licensed physician within the past 6 months, you should do so, and bring a written statement from him/her, stating that your hearing loss has been medically evaluated and you may be considered a candidate for a hearing device. If you do not wish to do so and you are 18 years of age or older, you may sign the release below as authorized by these regulations.

WAIVER STATEMENT

I have been advised by PūrTone Hearing Centers that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before have a hearing evaluation and/or purchasing a hearing device. **I do not wish to have a medical evaluation before having my hearing evaluated or before purchasing a hearing device, but I want a copy of my hearing evaluation results sent to my physician listed above.**

X _____
 Patient Signature Date

Notice of Health Information Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

At PūrTone Hearing Centers we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit PūrTone Hearing Centers a record of your visit is made. Typically, this record contains your symptoms, examination and test results, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record serves as:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal documents describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving the health of this state and the nation;
- A source of data for our planning and marketing; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of PūrTone Hearing Centers, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request;
- Inspect and copy your health record as provided for in 45 CFR 164.524;
- Amend your health record as provided in 45 CFR 164.528;
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- Request communications of your health information by alternative means or at alternative locations;

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

PūrTone Hearing Centers is required to:

- Maintain the privacy of your health information;
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Edward Maznio at 623-877-9900.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services
 200 Independence Ave., S.W.
 Room 509F, HHH Building
 Washington, D.C. 20201

X _____
 Patient Signature Date

THANK YOU FOR COMPLETING YOUR PORTION OF THIS PAPERWORK