



**Salem Audiology Clinic, INC**

3857 16C Wolverine Street NE

Salem, OR 97305

(503) 588-1039

Effective Date of this Notice: 04/14/2003

**WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_,

(Print patient Name)

have been given a copy of **SALEM AUDIOLOGY CLINIC, INC's** Notice of Privacy Practices and Financial Policy for my review.

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

Date\_\_\_\_\_

Signature of Responsible Party\_\_\_\_\_

Date\_\_\_\_\_

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**FOR OFFICE USE ONLY**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policy, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Other \_\_\_\_\_