

www.sierranevadahac.com

<u>Patient Information</u>					
Legal Name		Preferred Name		Preferred Name	
Address		Ci	ty	State Zip	
Home Phone Alternate	e Phone _			Email	
Age Birth Date		G	ender:		
Family Physician			Occupat	ion	
How did you hear about us? Word of mo (Please circle one) Newspaper		Phys Mail	ician ing	Yellow Pages Other	
Medical Information					
Have you been examined by a doctor in the pa	ast 6 mon	ths? Ye	s No	Doctors Name	
Will this be your first hearing test?	Yes	No			
Have you had ear surgery?	Yes	No	Type: _		
Do you have any of the following? Deformity of the ear? Sudden or rapid hearing loss in the pas Pain or discomfort in the ear? Acute or recurring dizziness? Ringing in the ears? Previous ear infections? Active drainage from the ear?	t 90 days	? Ye Ye Ye Ye Ye	es No es No es No es No	0 0 0 0	
Have you ever found it necessary to have a do	ctor rem	ove wax f	rom you	r ears? Yes No	
In which ear is your hearing the worst?	Left	Rig	ht		
Are you taking any prescription medicine?	Yes	No	Тур	e	
Do you have any medical problems?	Yes	No	Туре		
Hearing Instruments					,
Do you have a hearing instrument?	Yes	No			
Type of hearing instruments? (please circle of	ne) BTI ITC	E (behind C (in the c	the ear) anal)	OTE (on the ear) CIC (completely in the canal)	
Brand	I	How old?	1-2 yrs	3-4 yrs 5+ yrs	
Medical Waiver I have been advised by Sierra Nevada Hearing A Administration has determined that my best inter (preferably by a physician who specializes in dismedical evaluation before purchasing an instrum selections and adaptations of hearing instrumental	rest would eases of the ent. This	l be served he ear) be test infor	d if I had fore purch mation sh	a medical evaluation by a licensed passing a hearing instrument. I do not all be compiled for the purpose of mold.	ohysician ot wish a naking
Signature				Date	

Hearing Acuity Assessment



Name		Date		
Telep	hone	Sc	ore	
Pleas	e answer the following questions by checking the appropriate response:	Yes	Sometimes	No
1.	Does a hearing problem cause you to have difficulty understanding in group situations?			
2.	Does a hearing problem cause you to ask people to repeat what they have said?			
3.	Do you have difficulty hearing when someone speaks in a whisper?*			
4.	Does a hearing problem cause you to ask people to speak louder or move closer to you?			
5.	Does a hearing problem cause you difficulty when listening to the TV or radio?*			
6.	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?*			
7.	Does a hearing problem cause you to avoid situations or activities more often than you would like?			
8.	Does a hearing problem cause you to have difficulty on the telephone?			
9.	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?*			
10.	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?*			

Hearing Acuity Assessment (Companion Version)



Name		Date		
Relati	onship to Patient	Da	ate	
Telep	hone	Sc	ore	
Pleas	e answer the following questions by checking the appropriate response:	Yes	Sometimes	No
1.	Have you observed that a hearing problem causes him/her to have difficulty understanding in group situations?			
2.	Have you observed that a hearing problem causes him/her to ask people to repeat what they have said?			
3.	Have you noticed that he/she has difficulty hearing when someone speaks in a whisper?*			
4.	Have you observed that a hearing problem causes him/her to ask people to speak louder or move closer to him/her?			
5.	Have you noticed that a hearing problem causes him/her difficulty when listening to the TV or radio?*			
6.	Have you observed that a hearing problem causes him/her difficulty when visiting friends, relatives, or neighbors?*			
7.	Do you think that a hearing problem causes him/her to avoid situations or activities more often than he/she would like?			
8.	Have you noticed that a hearing problem causes him/her to have difficulty on the telephone?			
9.	Are you concerned that any difficulty with his/her hearing limits or hampers his/her personal or social life?*			
10.	Have you observed that a hearing problem causes him/her difficulty when in a restaurant with relatives or friends?*			



2874 N CARSON ST STE 225 | CARSON CITY NV, 89706 | (775) 882-3277 1520 VIRGINIA RANCH RD STE 103 | GARDNERVILLE NV, 89410 801 E WILLIAMS ST STE 3306 | FALLON NV, 89405

Financial Policy

Thank you for choosing Sierra Nevada Hearing Aid Center. Our primary mission is to deliver the best and most comprehensive hearing care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You	can	choose	from:
ı ou	Call	CHOOSE	HOIII.

- -Check
- -Visa®, MasterCard®, American Express®, Discover Card®
- -CareCredit healthcare credit card1
- -Insurance (if you have a hearing instrument benefit)

Please note:

If you choose to purchase Hearing Aids, Sierra Nevada Hearing Aid Center requires a 50% deposit to secure your purchase. The deposit is required at the time of consultation.

For patients with insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your hearing aids.²

Sierra Nevada Hearing Aid Center charges \$30 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the hearing care you want and need.

Patient, Parent or Guardian Signature	Date	
Patient Name (Please Print)	territorio de proporto de Portugo de La Coltando Illado de Coltano (Cale de Coltano Cale de La Coltano Cale de	

¹Subject to credit approval

²However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your hearing aid(s).



Heather Dean, Au.D.
775-882-3277 | sierranevadahac.com

Receipt of Notice of Privacy Practices

I,	have received a copy of the Notice of
Privacy Practices from SIERRA NEVADA	HEARING AID CENTER concerning how
the use of disclosure and Protected Health	Information will be handled by the
practice. A copy is available upon request.	
Patient Signature	Date

Sierra Nevada Hearing Aid Center

www. sierranevadahac.com

Sierra Nevada Hearing Aid Center PO Box 944, Carson City, NV 89702

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

> See page 2 for more information on these rights and how to exercise them

Your Choices

Your

Rights

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

> See page 3 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

> See pages 3 and 4

for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect
 or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

 You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services
 Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W.,
 Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/
 privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you	 We can use your health information and share it with other professionals who are treating you. 	Example: A doctor treating you for an injury asks another doctor about your overall health condition.
Run our organization	 We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	Example: We use health information about you to manage your treatment and services.
Bill for your services	 We can use and share your health information to bill and get payment from health plans or other entities. 	Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	 We can share health information about you for certain situations such as: Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety
Do research	We can use or share your information for health research.
Comply with the law	 We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	 We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	 We can use or share health information about you: For workers' compensation claims For law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	 We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Sierra Nevada Hearing Aid Center does not:

- create or manage a hospital directory
- create or maintain psychotherapy notes
- perform fundraising services
- sell your information for any reason

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective 3/11/16

This Notice of Privacy Practices applies to the following organizations.

Sierra Nevada Hearing Aid Center 2874 N. Carson St, Ste 225, Carson City NV 89706 1520 Virginia Ranch Rd, Ste 103, Gardnerville, NV 89410 801 E. Williams Ave, Ste 3306, Fallon NV 89406

Sierra Nevada Ear Nose and Throat Associates 2874 N. Carson St, Ste 220, Carson City NV 89706 1520 Virginia Ranch Rd, Ste 103, Gardnerville, NV 89410 801 E. Williams Ave, Ste 3306, Fallon NV 89406

ENT Billing Services PO Box 2384, Carson City, NV 89702

Privacy & Security Officer: Yvonne Meares

Phone: (775) 883-7666