ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of **Ralph Jackson Hearing Aid Service, Inc.'s** Notice of privacy and have been informed that I can request a copy of the Notice at any time either by hard copy or by e-mail. I have read and understand the Notice and I have had an opportunity to ask questions about the use and disclosure of my health information, and other concerns regarding my health information.

_____ _____

Signature of patient (or personal representative) Date

_____

Printed Name of patient

_____

Printed name of personal representative (if applicable)

_____

Personal representative's relationship to patient