



**AUDIOLOGY SERVICES  
OF CHATTANOOGA, INC.**

We're here to help you hear.

## **Privacy Protection Notice**

HIPAA (Health Insurance Portability and Accountability Act) mandates that patients be informed of medical office billing policies and of patient information protection of privacy and confidentiality. No information regarding your health care or status of account will be released unless your written authorization has been obtained. This office reserves the right to release account balance and billing information to a Lawyer or Credit and Collections Bureau, as needed should your account become delinquent.

I have read and understand the above statement about billing policies and patient information protection of privacy and confidentiality.

---

Signature of patient or responsible party

---

Date