



## Redlands Professional Hearing Center

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### ACKNOWLEDGEMENT OF NOTICE OF PRIVACY POLICY

Our notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. By signing this form, you acknowledge the receipt of our Notice of Privacy Practices. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by calling (909) 792-0074 or visiting the "Patient Forms" Tab on our website at [www.RedlandsProfessionalHearingCenter.com](http://www.RedlandsProfessionalHearingCenter.com). You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

