Certified
Hearing Aid Consultants
A Division of ENT & Allergy Specialists

Christine E. Ogden, PhD., CCC-A
Stacey Woods, AuD., CCC-A
Mandee L. Riddell, AuD., CCC-A
Charles A. Perine, AuD., CCC-A
Eileen M. Gordon, AuD., CCC-A

Registration Form *(Please Print Clearly)*

Date _____

Patient Information

Name _____
Last First Middle Initial

Home Phone _____ Cell Phone _____

Street Address _____

Email Address _____

Date of Birth _____ Gender ☐ Male ☐ Female Social Security Number _____

Marital Status _____ Employer _____ Work Phone _____

Primary Care Physician _____ City _____ State _____

Who referred you to us? _____

Responsible Party Information

Name _____
Last First Middle Initial

Relationship to patient _____

Street Address _____

Social Security Number _____ Date of Birth _____ Employer _____

Work Phone _____ Home Phone _____

According to the Notice Of Privacy Practices, we may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Please note the name and relationship to the patient of those you give us permission to disclose medical information:

Legal Last Name	First Name	Relationship to Patient

Acknowledgement Of Receipt Of Notice Of Privacy Practices

I acknowledge that I have reviewed and/or received a copy of the Notice Of Privacy Practices. This notice describes the use and disclosure of my protected health information and rights I have regarding my protected health information.

Print Name _____ Signature _____

Date _____ Relationship if patient is under age 18 _____