



NOTE: This form has to be filled out, signed and turned in to Sharp Hearing (or to the audiologist at the appointment time) BEFORE the named child can be tested by the audiologist.

AUDIOLOGY CONSENT FORM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PERMISSION TO TEST: I give my permission to Sharp Hearing to test my child. (select yes or no) Yes [ ] No [ ]

RELEASE OF INFORMATION: I give my permission to Sharp Hearing to release all information on the Sharp Hearing Audiology Reports for the above-named child to the following individuals/entities to monitor whether hearing referral and follow-up services, when necessary, are made available to my child:

(select yes or no and note the individuals/entities below) Yes [ ] No [ ]

• School District(s) in which my child attends; namely: [ ] School Nurse [ ] Case Mgr/Coord [ ] SLP [ ] T D/HH [ ] Other

• Medical Facilities and Physicians/Staff working with my child; namely: (ie: Jonestown Clinic, Dr. Jones or John Jones, PA, or medical records, etc)

• Other:

I understand this authorization:

- takes effect the day I sign it,
• cannot exceed one year, and expires one year from the date of my signature

- can be stopped any time by sending a written request to:

Sharp Hearing
140 West 2100 South
STE. 120
Salt Lake City, Utah 84115

I further understand:

- I may refuse to authorize the RELEASE OF INFORMATION and it will not affect my child's ability to receive educational services the laws that protect the information identified on this release, in some situations, may allow or require this entity to re-disclose this information, but only as permitted by law (Health Insurance Portability and Accountability Act [HIPAA], Family Educational Rights and Privacy Act [FERPA], Utah Government Data Practices Act [UGDPA or Chapter 13]), a copy of this release form is as valid as an original, and
• I will receive a copy of this authorization

Parent/Guardian Signature

Date (mm/dd/yy)