SHARP HEARING

140 West 2100 South, Ste. 120
Salt Lake City, Utah 84115
801-484-3277
Fax: 801-666-2027

Consent for Treatment

I voluntarily give my permission to the health care providers of Sharp Hearing and such assistants and other health care providers as they may deem necessary to provide services to me. I understand by signing this form, I am authorizing them to treat me for as long as I seek care from Sharp Hearing, or until I withdraw my consent in writing.

I understand that all information shared with the clinicians at Sharp Hearing is confidential and no information will be released without my consent. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

A. When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

I understand that Sharp Hearing services are provided by a range of hearing health professionals, some of whom may be in training. All professionals-in-training are supervised by licensed staff.

If I have any questions regarding this consent form or about the services offered at Sharp Hearing, I may discuss them with my clinician. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by Sharp Hearing. I understand that I may stop treatment at any time.

Name	Relationship/Facility
_____	_____
_____	_____
_____	_____

Please list above individuals or medical facilities you give permission to have your medical information released to/from.

_____ _____

Signature Date