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5900 Sepulveda Boulevard • Suite 335 • Sherman Oaks • California 91411

Shahrzad Cohen, Au.D., M.S.
Doctor of Audiology

PATIENT RIGHTS

Patient Name _____ Date _____

Patient Privacy Notification

The HIPAA privacy laws give individuals the right to request a restriction on uses and disclosures of their protection health information. If you like us to discuss your information with a family member /or a friend please provide us with their name so we can keep it in your file. Your permission and signature is requested by Federal law in order for us to confirm to HIPAA privacy laws. Medical Information may be given to:

Name: _____ Relationship to Patient: _____ Phone Number: _____

Name: _____ Relationship to Patient: _____ Phone Number: _____

Name: _____ Relationship to Patient: _____ Phone Number: _____

MEDICAL WAIVER

I have been advised that the Food and Drug Administration has determined that my best interest would be served if I have a medical evaluation by licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. I do not wish a medical evaluation before purchasing a hearing aid.



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Financial Responsibility

I understand that Dr. Shahrzad Cohen and Auditory Processing Centers-APC have no contract with any insurance companies. I am fully and solely responsible for payments for the services provided. The payment is due at the time of service, unless advised otherwise.

I _____, have read above information and I understand my rights.

Signature

Date

How did you hear about us?

670AM Radio Friend Persian 08/Yellow Pages Persian Newspaper Doctor

Persian Magazine Google Lyric/800 Number Cochlear America/800 Number Desyncra

Social Media Lawyer Other: _____