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Synergy Wellness Centre  
#137, 501 Bethel Drive  
Sherwood Park, AB T8H 0N2

Heritage Valley Medical Centre  
2535 – 103A Street SW  
Edmonton, AB T6W 2P6

Patient Label

## Consent, Privacy and Release Form

- **Audiology & Medical Services:** I consent to receive audiological and medical services at The Ear Clinic (TEC). This consent encompasses audiological procedures including, but not limited to, diagnostic testing, (re)habilitative treatment, ear wax removal, and ear mold impressions. **I accept the risk of ear canal trauma, ear drum trauma and possible infection after ear wax removal.** I understand this consent form will be valid and remain in effect if I receive audiological and medical services at the TEC.
- **Release of Information:** To ensure appropriate follow-up and continuity of care, I consent to release a copy of my medical record to my physician and/or the provider, if any, who referred me.
- **Third Party Funding:** I authorize the release of any medical records and/or information necessary to process benefit claims from any third-party provider including, but not limited to, Alberta Aids to Daily Living (AADL), Workers' Compensation Board (WCB), Veterans Affairs Canada (VAC) and Non-insured Health Benefits (NIHB) for First Nations and Inuit. I agree to pay for services not covered by third party payer and understand I am ultimately responsible for payment in full at this office. I acknowledge that TEC does not direct bill for services and products to private insurance companies.
- **Research:** I give consent to the clinicians at TEC to use my hearing data and other relevant data needed for the purpose of research. The data will be used only for research purposes and no names or other identifying information will be used when discussing, reporting, or publishing the data. This data will not be used for any personal or corporate financial gain.
- **Email:** As per the Privacy Information Act, I hereby consent to communication with the Edmonton Ear Clinic through email.

Patient Name/Guardian: \_\_\_\_\_

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

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