



HIPAA Authorization Form & Identity Release

Patient's Full Name

TruHearing Patient ID Number

Address

Patient Date of Birth

City, State, Zip

Patient Telephone Number

I hereby authorize the use or disclosure of my protected health information as described below:

Authorized Persons to Use & Disclose Protected Health Information

TruHearing, Inc. is authorized to use or disclose protected health information, as limited and described below, about me an unlimited number of times, throughout and to the world in any and all media including, without limitation, the World Wide Web, print advertisements, direct mailers, etc.

Description of Information to Be Disclosed

The specific information that I authorize to be used or disclosed is my identity, including, without limitation, my identity, statements, name, voice, likeness or appearance and any biographical materials concerning me, which I may provide or as recorded by TruHearing (collectively, "My Information").

I understand and agree that the use of My Information may include any paraphrase thereof, regarding TruHearing or its products and services, and may reflect use of my personal information, including first name, last name, title and state of residence.

As requested by TruHearing, I authorize TruHearing, if requested, to tape and photograph me, record my voice, conversation and sounds, during and in connection with my appearance and agree and acknowledge that TruHearing shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, and unlimited number of times in perpetuity, to copyright, to use and to license others to use, in any manner, all or any portion thereof or of a reproduction thereof.

Purpose of the Use or Disclosure

The purpose of this use or disclosure is the promotion, advertising, sale, marketing and publicizing of TruHearing or its products and services and/or otherwise (such as on ancillary products) throughout and to the world in any and all media including, without limitation, the world wide web, print advertisements, direct mailers, etc.

I hereby consent to TruHearing's (including its affiliates, successors or licensees and others acting on its behalf) use of My Information, as determined by TruHearing in its sole discretion, for the foregoing purposes.

Miscellaneous Provisions

I represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party.

I hereby waive any right of inspection or approval of My Information or the uses to which My Information may be put under this Authorization Form. I acknowledge that TruHearing will rely on

this authorization potentially, at substantial cost to TruHearing and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder, for as long as I have not revoked this authorization.

I further agree, in compliance with FTC Endorsement Guidelines, that TruHearing has neither expressed nor implied an offer of payment, reimbursement or compensation in any form for the use of My Information, and I have no expectation that any such compensation will be given to me as a result of the use of My Information.

I understand that the information used or disclosed under this Authorization Form may be subject to re-disclosure by the person(s) or facility receiving it and would then no longer be protected by federal privacy regulations.

This authorization and release shall be governed by and interpreted in accordance with federal laws and the laws of the State of Utah, as applicable.

I have the right to refuse to sign this Authorization Form. If signed, I have the right to revoke this authorization by notifying TruHearing in writing, at any time. I understand that any action taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

This authorization is valid upon the date signed below and only expires 10 business days after TruHearing's receipt my written notice of revocation.

_____	_____	
<i>Signature</i>	<i>Date</i>	
_____	_____	_____
<i>Signature of Guardian or Personal Representative</i>	<i>Date</i>	<i>Description of Authority to Act for the Individual</i>

A copy of this completed, signed and dated form must be given to the Individual or other signer.