



INFORMED CONSENT AGREEMENT

"I, *(Please Print)* _____ the undersigned, understand that the evaluation of the hearing system requires the use of specialized instrumentation.

During the course of the evaluation, I understand that the Hearing Care Professionals (HCP's) at New Way Hearing Aids will be looking in my ear canals with various visual instruments and will thus have to physically touch my ears, head, shoulders, etc. Various earphones or earphone inserts (inserted into each ear canal) will be placed over my ears or in my ear canals. Acoustic (sound) signals will be delivered to the ears through either of these types of earphones. Some of the sounds will be loud, but scientific evidence has shown that these loud sounds will not cause any damage to the ear or to the hearing.

In the case of fitting for amplification (hearing aids), I consent to the placement of foam or cotton blocks into each external ear canal; as well as the placement of molding material (silicon) to make ear impressions.

If it is determined that I have excessive earwax (cerumen), I consent to having cotton swabs and other ear cleaning instruments used to clean my ears. Additionally, water and hydrogen peroxide may be placed into my ear canals through a small irrigator tube to flush (lavage), clean and remove earwax from my ear canals. A lavage may only be performed on ears that have never undergone surgery, such as: the placement of a tube (myringotomy) through my eardrum (tympanic membrane); reconstruction of my eardrum (tympanoplasty), or my eardrum has been perforated. I understand that the HCP's at New Way Hearing Aids are not medical doctors, and that I must inform them of any ear surgeries, perforations, or other complications that I've had. I also understand that if I have excessive earwax, or other issues with my ears, which is beyond the scope of practice of New Way Hearing Aids that a medical referral will be necessary.

During the course of any these procedures a low percentage of patients will have slight bleeding and/or discomfort in their ears, which mainly occurs when the patient moves or twitches their head or body inadvertently. I understand that while the HCP's at New Way Hearing Aids are providing any of the services listed above, I need to remain as still as possible in order to help avoid any adverse effects.

By signing this Informed Consent Agreement, I hereby acknowledge that I understand the various procedures and risks described above, and that it is most often the patient's fault when an adverse incident arises. Therefore, if an adverse event were to occur, I will not hold New Way Hearing Aids, Inc., or any Staff Member responsible for such an adverse event during the course of my hearing healthcare treatment unless it is deemed to be absolute negligence.

X _____
Signature of Patient

Date