

**American Academy of Audiology
Ethical Practices Committee**

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Reston, VA 20191
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WAIVER OF CONFIDENTIALITY

I, _____, (Complainant name printed), have filed a complaint about the conduct of audiologist and Academy member, _____, As the Complainant, I hereby specifically waive any rights of confidentiality that I may have, and I permit my identity and the details of the complaint to be known to the Ethical Practices Committee of the American Academy of Audiology and to the individual about whom I have filed this complaint.

I understand that I am not required to sign this authorization; however, the complaint may not be investigated if the waiver is not signed.

Complainant Name (printed): _____

Complainant Signature: _____

Patient name, if different from Complainant: _____

Patient signature, if different from Complainant: _____

Date: _____