

A MESSAGE

FROM THE BETTER HEARING INSTITUTE TO NOTEWORTHY AMERICANS

HELP US SOUND OUR WAKE-UP CALL

The Better Hearing Institute (BHI) needs your help to address a hidden, nationwide problem:

Hearing loss has reached epidemic proportions in the U.S. Yet millions of Americans are in denial about their hearing problems and won't seek help.

The Challenge

Hearing loss is everyone's problem, not just the elderly. It is experienced by:

- ☑ 1 out of 10 Americans, more than 31,500,000 people.
- ☑ 1.4 million children.
- ☑ 15% of "baby-boomers" (ages 45-64).
- ☑ 30% of people over age 65.

A Chance to Change Lives

For more than 30 years, well-known Americans who have personal experience with hearing loss have stepped forward to help the Better Hearing Institute battle the stigma associated with this condition. Al and Bobby Unser, Bob Hope, Ronald Reagan, Arnold Palmer, and many others have worked with us. When people with hearing loss hear real life stories of noteworthy Americans who have addressed this problem, it often inspires and motivates them to overcome their embarrassment and get help from a hearing professional.

The Better Hearing Institute (BHI) is a 501(c)3, not-for-profit corporation which was created in 1973 to promote the benefits of better hearing. Perhaps BHI is best known as the producer of Public Service Announcements (PSA). More than 60 Hollywood celebrities, sports personalities, political leaders, business leaders and other prominent BHI spokespersons have come forward to share their hearing loss story and the choices they have made for better hearing. BHI television, radio and print PSAs have answered basic questions about hearing loss, described various treatment options, and perhaps more than anything, using celebrities as role models, tried to motivate consumers to seek help for their hearing loss earlier rather than later in their lives.

There are several ways you can help, from radio and television PSAs to allowing us to your tell story on our website (www.betterhearing.org). We would welcome the opportunity to discuss how we could work with you.

If you have specific questions regarding our outreach program, please contact Sergei Kochkin, Ph.D., Executive Director at (847) 441-4385. Otherwise please sign the release, include contact information on the back of this letter and return to your hearing health professional. We will then send you a a celebrity media kit from the Better Hearing Institute.

In advance, thank you for helping us to educate the public and medical profession about hearing loss, its solution and prevention.



AUTHORIZATION FOR DISCLOSURE TO BETTER HEARING INSTITUTE

I would like to learn more about the Better Hearing Institute (BHI) and its outreach program. The purpose of this authorization is so that BHI can contact me with additional information about how I can help. I authorize _____ (“Service Provider”) _____
Name of service provider (audiologist, hearing instrument dispenser, physician, etc.)

to release to BHI: My name, the type and degree of hearing loss, the nature of my treatment (e.g. hearing aids, cochlear implant, surgery, etc.) and the following contact information.

Patient Information (PLEASE PRINT):

Name: _____

Address: _____

Phone: _____ Email: _____

I understand that:

- This authorization permits a one-time release of my information to BHI and will expire after that disclosure.
- I may revoke this authorization at any time by providing written notice to my Service Provider, but only to the extent my Service Provider has not already acted based on my authorization.
- My Service Provider may not require me to sign this authorization as a condition of my receiving treatment, services, hearing aids, or supplies.
- My information may be subject to re-disclosure and may not be protected by federal privacy law.
- A photocopy of this authorization will be as valid as the original.
- I will receive a copy of this authorization.

Name of patient/customer (PLEASE PRINT)

Signature of patient/customer

Date

If signed by a parent or other authorized personal representative:

Name of representative (PLEASE PRINT)

Relationship to patient/customer

Hearing Health Provider Information (PLEASE PRINT):

Name: _____

Address: _____

Phone: _____ Email: _____

RETURN TO:

Sergei Kochkin, Ph.D.
Executive Director

BETTER HEARING INSTITUTE
790 Frontage Road, Suite 104
Northfield, IL 60093

skochkin@betterhearing.org

Name of hearing health provider (PLEASE PRINT)

Signature of hearing health provider

Date