Ear, Nose & Throat
Surgical Associates, S.C.
1320 North Meade Street, Appleton, WI 54911
(920) 734-7181

NAME _____
DATE _____

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

The purpose of the Notice of Privacy Practices is to describe to you how Ear, Nose & Throat Surgical Associates may use and disclose your protected health information, certain restrictions on the use and disclosure of your healthcare information and your rights regarding protected health information. Ear, Nose & Throat Surgical Associates will not make any unapproved disclosure of your PHI without your written authorization.

I hereby agree to permit Ear, Nose & Throat Associates to disclose my medical and billing protected health information to the following:

(Example: spouse, parent, relative, grandparent, friend etc.)

Name & Relationship: _____

Name & Relationship: _____

Name & Relationship: _____

☐ Declined

Sign: _____ **Date:** _____