

AUTHORIZATION TO RELEASE MEDICAL RECORDS AND/OR AUDIOGRAM

EAR, NOSE AND THROAT SURGICAL ASSOCIATES, S.C.

1520 N Meade Street, Appleton, Wisconsin 54911

Phone: (920) 734-7181 * Fax: (920) 734-0621

Patient Account No. _____

I, _____
(Name of Patient) (Maiden Name) (Birth Date) (Phone Number)

authorize *Ear, Nose and Throat Surgical Associates, S.C.* at 1520 N Meade Street, Appleton, Wisconsin 54911 to disclose information

from my health care record to: _____
(Name of Organization)

(Address) (City) (State) (Zip Code)

I understand that the specific type of information to be disclosed includes:

- Medical Records/Reports
- Audiogram Copies

for the following purpose(s): _____

This authorization for disclosure of information is effective **FOR ONE (1) YEAR** or until: _____
(Date)

I understand that I may revoke this authorization at any time by providing my written revocation.

(Signature of Patient or Authorized Person) (Date of Signature)

(Witness) (Relationship to Patient)

NOTE: Person authorized by the patient means the parent or legal custodian of a minor patient, the guardian of a patient adjudged incompetent, the personal representative or spouse of a deceased patient or any person authorized in writing by the patient. If no spouse survived a deceased patient, an adult member of the deceased patient's immediate family may qualify. A court appointed temporary guardian to consent to the release of records may also qualify.

Records sent on: _____ By: _____

Audiogram sent on: _____ By: _____

DO NOT FILL THIS PORTION OUT UNTIL YOU PICK UP YOUR RECORDS.

I understand that *Ear, Nose and Throat Surgical Associates, S.C.* takes no responsibility for the delivery of medical records and/or Audiogram as I have chosen to hand deliver them myself.

(Signature) (Date)

(Witness) (Date)

I understand that the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information might be re-disclosed without my authorization.