

# Ear, Nose and Throat, Ltd.

## Patient Authorization for Use/Disclosure of Health Care Information

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Patient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize **Ear, Nose and Throat, Ltd.** to release health care information of the patient named above to:

\_\_\_\_\_  
(Name of individual or Entity to receive the information)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To release copies of the following:

\_\_\_\_\_ Complete Medical Record    \_\_\_\_\_ Specific Medical Information (*to include*): \_\_\_\_\_

(Describe the information to be used or disclosed, including, descriptors such as date of service, type of service provided, and level of detail to be released, origin of information, etc.)

**This protected health information is being used or disclosed for the following purposes:**

\_\_\_\_\_  
(List specific purposes ó Write *at the request of the individual*ö when disclosure is requested by the patient.)

**This authorization expires on:** \_\_\_\_\_

**Date**

**Or, when the following event occurs:** \_\_\_\_\_

I understand that I have the right to revoke this authorization, in writing, at any time, but that a revocation will not cover the information already released. To revoke this authorization, written notification must be sent to:  
**Privacy Officer, Ear, Nose and Throat, Ltd., Norfolk, VA 23507 / Fax 757-627-6471**

I understand that once this information is released by Ear, Nose and Throat, Ltd., the information may be subject to re-disclosure by the party receiving the information and may no longer be protected by federal or state law. I understand that the treatment requested from Ear, Nose and Throat, Ltd. is conditioned on my signing this authorization because this treatment is for the sole purpose of providing specific information to the party named above.

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Patient or Personal Representative**

\_\_\_\_\_  
**Description of Personal Representative's Authority**

<b><u>COST OF COPYING RECORDS</u></b>	
<b>Processing Fee</b>	<b>\$10.00</b>
Paper Copies	\$.50 per page
<b>Electronic Copies:</b>	
Disk	\$5.00 or
Thumb Drive	\$15.00