Authorization and Release for the Use and/or Disclosure of Protected Health Information

Patient Name: _____
Patient Address: _____
Patient Telephone Number:_____
Patient Date of Birth:_____

I authorize Audiology Specialists, LLC to use/disclose my protected health information for the purpose of providing me with educational information, reminders about appropriate services and professional care and for the purpose of helping me improve my hearing.

Audiology Specialists will **NOT** release your protected health information in exchange for financial remuneration (we will not sell your information).

The Government defines marketing as *any form of contact that may encourage you to make an appointment, pay for service or purchase a product.* It is possible that any contact we initiate with you would have one of these outcomes. This is why it is necessary to ask for authorization to allow marketing communications.

If we share your information with your insurance company or any other company which may provide a product you request, you need to know that these companies are not considered a health plan or health care provider. Therefore, the information disclosed to them may not be protected by Federal Privacy Regulations.

Please select one of the following:

_____I authorize Audiology Specialists to use/disclose my protected health information for the purpose of providing me with educational information, reminders about appropriate services and professional care and for the purpose of helping me improve my hearing with hearing aids or other assistive devices.

_____I prohibit Audiology Specialists from using and disclosing my medical information for any marketing purpose (please see explanation above). Making this selection inhibits our ability to send reminders or useful information.

If you need assistance in completing this authorization form, please speak to our staff or contact Laura O. Robertson, AuD at 603 528-7700. You can also email us at info@audiologyspecialists.com.

I authorize my protected health information to be released to (please list spouse, and/or other family member, friend, etc. and give their relationship to you). Please include a telephone number as well.

_____
_____
_____
_____

_____ _____

Signature Date