

Authorization to Release Protected Health Information

Patient Name: _____ Date of Birth: _____

Release from: **Ear, Nose and Throat Associates**
2900 12th Ave N Suite 330W
Billings, MT 59101

Release to (physician, person, facility authorized to receive my Protected Health Information):

Name: _____

Address: _____

Specific information to be released:

- | | | |
|--|---|---|
| <input type="checkbox"/> Complete Records | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Pathology Reports |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Hospital Reports | <input type="checkbox"/> Medication Records |
| <input type="checkbox"/> Treatment Record | <input type="checkbox"/> Other (please specify below) | |

Authorization:

I understand that the information disclosed may contain testing or treatment information relating to HIV/AIDS virus.

I understand that once the information is disclosed, the information is subject to redisclosure and may no longer be protected by the federal privacy regulation.

I understand that this form may be revoked at any time providing the information has not already been disclosed. I may revoke this authorization by written notification.

I understand that refusal to sign this authorization does not condition treatment.

I understand that this authorization will expire sixty (60) days from the date signed unless otherwise specified.

Date, event or condition on which authorization will expire if other than 60 days: _____

Patient Signature: _____ Date Signed: _____

Authorized Person Signature*: _____ Relationship to Patient: _____

Witness Signature: _____

**Authorization must be signed by the parent or legal guardian of any patient under 18; the legal guardian of any patient under guardianship; personal representative of a deceased patient, or if no personal representative, the spouse or adult child of a deceased patient.*