

HARDY, MILSTEAD, VAUGHT & MADONNA, M.D., P.A.
dba

LAKE EAR, NOSE, THROAT & FACIAL PLASTIC SURGERY ASSOCIATES

Authorization to use or disclose **PROTECTED HEALTH INFORMATION**

I, _____ hereby authorize LAKE EAR, NOSE, THROAT & FACIAL PLASTIC SURGERY ASSOCIATES to:

_____ release _____ obtain copies of the medical records

of _____

To/From: _____

Address _____ City _____ State _____ Zip Code _____

For the purpose of: _____ Continued Treatment _____ Personal Records

_____ other (please specify) _____

Date(s) of Service: From: _____ To: _____

This authorization will expire on the following date, event or condition: _____

If I fail to specify an expiration event or condition, the authorization will expire in one year. I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing and the revocation will not apply to information already released based on this authorization. I understand that the information in my record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome, or infection with the Human Immunodeficiency Virus. It may also include information about behavioral or mental health services or treatment for alcohol and drug abuse. I understand that any disclosure of information carries with it the potential for redisclosure and that the information then may not be protected by federal confidentiality rules. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed.

The following information is to be disclosed:

_____ Physician notes _____ Lab results _____ X-ray reports

_____ MRI scans _____ Complete record _____ Other _____

Patient/Legal Representative or Parent _____ Date of Authorization _____

Social Security Number _____ Date of Birth _____

Witness _____ Person Releasing Information _____