



**Adult & Pediatric
Ear, Nose & Throat
Hearing Aid Services**

2889 South 11th Street Kalamazoo, MI 49009

Call (269) 343-1296 • Fax (269) 344-8485

www.kalamazooent.com

HIPAA Privacy Authorization

Authorization for Use of Disclosure of Protected Health Information to a third party

Patient Name: _____ DOB: _____

I, _____, hereby authorize the following to speak to your office

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

- Entire Record
- Office Visit Notes
- Laboratory/ Pathology/ Radiology Results
- Medical Record Only
- Financial Record Only
- Other (please specify) _____

Paragon Health, PC dba Adult & Pediatric Ear, Nose and Throat is authorized to leave a message on my answering machine.

- Yes
- No

Acknowledgment of Understanding:

I authorize the above medical information to be released as indicated above. I understand this authorization will expire one year from date signed. I may revoke this consent at any time by providing written consent to Paragon Health dba Adult & Pediatric Ear, Nose and Throat.

Patient Name _____ Today's Date _____

Patient Signature or Representative _____