



**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

Request for Access or Authorization for Use and Disclosure of Protected Health Information

Patient Name: _____ DOB: _____

I give permission to Paragon Health dba Adult & Pediatric Ear, Nose and Throat to use or disclose my protected health information as indicated below.

Adult & Pediatric is requesting information circle from or to:

Name: _____

Address: _____

Phone: _____

Fax: _____

Requesting information (circle from APENT or sent to APENT):

Adult & Pediatric Ear, Nose and Throat

2889 S. 11th St.

Kalamazoo, Michigan 49009

Phone: (269) 343-1296

Fax: (269) 344-8485

Information to be released- circle below:

Entire Record

Office Visit Notes

Medical Record Only

Laboratory/Pathology/Radiology Results

Financial Record Only

Operative Notes

Other (please specify) _____

Acknowledgement 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. I understand that if I release my medial record to a person or provider, they can release my record. I know I need to check with them about privacy rules.

Print Patient Name or Representative

Today's Date

Patient Signature or Representative