

TRIANGLE HEARING SERVICES, P.A.

1100 NW Maynard Road

Suite 130, Cary NC 27513

Ph: 919.363.3006 Fax: 919.342.0817

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Authorization to REQUEST Health Information

1. PATIENT INFORMATION

Name of Patient		DOB
Address:		
Phone:		

FORWARD INFORMATION TO:

Triangle Hearing Services, P.A. 1100 NW Maynard Rd, Suite 130, Cary, NC 27513

2. RELEASE INFORMATION FROM

Practice Name	
Address	

3. THE RELEASED INFORMATION BELOW WILL BE USED FOR PATIENT CARE.

<input type="checkbox"/> Audiograms	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Other
Other Information to Include:		

This authorization shall be in effect until the information has been forwarded as requested.

Rights of the Patient

I understand that my treatment will not be conditioned on signing this authorization and that I have the right to refuse to sign this authorization. I understand that all information disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization by sending a written notification to the address above and that a revocation is not effective if the information has already been disclosed but will be effective going forward.

I understand that I have the right to inspect or copy the protected health information as described in this document.

4. PLEASE SIGN & DATE

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