TRIANGLE HEARING SERVICES, P.A.
1100 NW Maynard Road ▪ Suite 130 ▪ Cary, NC 27513
Office: 919.636.3006 ▪ Fax: 919.342.0817
Donella Hellenkamp, Au.D. **Radhika Gupta, Au.D.**

Authorization to REQUEST Health Information

1. PATIENT INFORMATION		
Name of Patient		DOB
Address:		
Phone:		

2. RELEASE INFORMATION FROM	
Practice Name	
Address	

FORWARD INFORMATION TO:

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

3. THE RELEASED INFORMATION BELOW WILL BE USED FOR PATIENT CARE.		
☐ Audiograms	☐ Office Notes	☐ 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	
Signature of Patient or Personal Representative & *Description of Personal Representative's Authority (Attach Necessary Documentation)*	*Date*