*Improve Your Hearing...Improve Your Life!*

Phone: 907.789.6780
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northlandaudiology.com
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**Jordan Creek Center**
8800 Glacier Hwy, Ste 116
Juneau, Alaska 99801

**Mary Frances Towers**
*Monthly Clinic*
320 Bawden St, Ste 304
Ketchikan, Alaska 99901

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# RELEASE OF HEALTHCARE INFORMATION TO NORTHLAND AUDIOLOGY

Name of Patient: ________________________________________ Date of Birth:______________
(First, Middle Initial, Last) (MM/DD/YYYY)

Provider: ____________________________________________________________________________

Clinic: ____________________________________________________________________________

Phone Number: ___________________________ Fax Number: ___________________________

Information requested:
- ☐ Audiological test results and report
- ☐ ENT records related to hearing disorders
- ☐ Current hearing aid records
- ☐ Other: ________________________

Reason for requested information: _____________________________________________________

I authorize Northland Audiology & Hearing Services, Inc. to *receive* the requested healthcare information from the source I have indicated above.

_________________________________ _________________________________ __________
Name Signature Date

Relationship to Patient: ☐ Self ☐ Parent/Guardian ☐ Other: ________________________

*The release of healthcare information will expire two years from dated signature.*
*The patient has the right to revoke the authorization at any time by submitting a written statement.*

**FOR OFFICE USE ONLY:**

The requested healthcare information was received

via ☐ Fax ☐ Mail ☐ Other: ___________________ on ____________
Date