



### Patient Authorization for Release of Information\*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Street Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**I authorize:**

Paparella Ear Head & Neck Institute, PA  
701 25th Avenue South, Suite 200  
Minneapolis, MN 55454  
612-339-2836 or 1-866-316-0769 (Phone)  
612-339-9741 (Fax)

**THIS PORTION MUST BE FILLED OUT**

Include NAME, ADDRESS, and FAX NUMBER  
if being sent to a doctor of clinic.

To Release To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Transfer:**

- Change of clinic       Continuing care       Insurance change       Personal  
 Other (please explain): \_\_\_\_\_

**Please transfer the following information:**

- All records (if all records are not required, please check the information requested)  
 History                                       Audiogram report                                       ECOG/ABR/ENG reports  
 X-ray/CAT scan reports                       DPOAE reports                                       Operative reports  
 Laboratory reports  
 All information from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiration Date of Authorization**

This authorization is effective through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ unless revoked or terminated by the patient or patient's personal representative.

**Right to Terminate or Revoke Authorization**

You may revoke or terminate this authorization by submitting a written revocation to Paparella Ear, Head & Neck Institute. You should contact the Medical Records department to terminate this authorization.

**Potential for Re-disclosure**

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Patient Representative: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\*Minnesota statute retrieval and copy fees may apply.