Ear, Nose and Throat Physicians and Surgeons, PA
130 Tarrytown Road Manchester NH 03103
166 Kinsley St Nashua NH 03060
Phone (603) 669-0831
Fax (603) 669-4088

AUTHORIZATION TO OBTAIN PROTECTED HEALTH INFORMATION (PHI)

This authorization is for use or disclosure of protected health information pertaining to:

Name: _____

Address:_____

DOB : _____ ACCT: _____ Phone: _____

I hereby authorize the following health care provider:

____Ear, Nose, & Throat Physicians & Surgeons
____Advanced Hearing Center

To *obtain* my protected health information from:

Name: _____

Address: _____

Phone:_____Fax_____

Purpose of disclosure:

Protected health information to be released:

- ☐ Medical records (specify, can state "all"):_____
- ☐ Billing records

Time frame: ☐ entire record ☐ records from _____ (date) to _____ (date)

Your specific permission is required to disclose information regarding the following:
Check box and sign to specify protected health information to be disclosed

- ☐ Treatment by Mental Health Professional or Program _____
- ☐ Drug/Alcohol Abuse _____
- ☐ HIV Test Results or Status _____

Signed: _____ **Date:** _____

Print name: _____

If signed by other than patient, indicate legal relationship: _____