



Nancy Hart, Au.D., FAAA, CCC-A  
Artice B. Weston, Jr., Au.D., FAAA, CCC-A  
Julie Rorrer, Au.D., FAAA, CCC-A  
1001 Washington Road  
Westminster, MD. 21157  
410-857-3800

### **AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I request and authorize *Healthy Hearing and Balance* to release the information of the patient named above to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

This request and authorization applies to:

- Healthcare information relating to the following treatment, condition, or dates:

\_\_\_\_\_

- All Healthcare information

- Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

This authorization expires ninety days after it is signed