



PEDIATRIC AND ADULT EAR, NOSE & THROAT

Protected Health Information Authorization Form

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Columbus, OH 43214
(614) 538-2424

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(614) 755-5151

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(740) 368-5588

551 W. Central Ave. Ste 202
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6670 Perimeter Dr. Ste 120
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BILLING OFFICE

1810 Mackenzie Drive
Columbus, OH 43220
(614) 273-2250

CENTRAL SCHEDULING

(877) 273-2230

www.ohioENTdocs.com

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal regulations.

PATIENT NAME: _____ DOB _____

Requesting physician's name _____ Fax # _____

Requesting information from:

Specific information being requested: (Please indicate approx. date of information)

X-Rays _____ Sleep Study _____
CT's _____ OP Report _____
MRI's _____ Path Report _____
Office Notes _____ Other _____

This authorization shall be in force and effective until ___/___/_____ (MM/DD/YYYY) at which time this authorization to use or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notice to Cristina Randall, CPC, CHC at OhioENT. I understand that a revocation is not effective to the extent that OhioENT has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Signature of patient or legal representative _____ Date _____

Printed name of patient's representative _____

Relationship to the patient: _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

OhioENT will not condition your treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether you provide authorization for the requested use or disclosure.