

**AUTHORIZATION TO DISCLOSE INFORMATION TO
SOUND HEARING SOLUTION, LLC**

The Ear, Nose & Throat Center (“ENTC”) maintains a relationship and common owners with Sound Hearing Solution, LLC (“SHS”), which provides a variety of audiological and rehabilitative services under agreement with ENTC. From time to time, it may be necessary for ENTC to provide your personal health information to SHS to establish audiological assessment and treatment services indicated by your medical condition and as ordered by your ENTC physician. Such information will be limited to the minimum necessary for SHS to provide services requested by your physician. This may include such information as your demographic, contact and related medical diagnoses and testing and your physician’s assessment and recommended treatment plan.

By signing below, you authorize ENTC to provide your personal health information as described above for the purpose of assessing your audiological needs and associated treatment. You further recognize that ENTC and SHS are related through common owners and understand that you have the right, upon request, to receive services otherwise provided by SHS from another provider of your choice. Please note that you have a right to revoke this Authorization in writing at any time by contacting ENTC’s HIPAA Compliance Officer; however, your revocation will not be effective as to uses and/or disclosures already made in reliance upon this Authorization or as authorized by law. ENTC will not condition its treatment of you based on your refusal to sign this Authorization. This Authorization controls the disclosure of personal health information to SHS and any information re-disclosed by SHS not in accordance with relevant law may no longer be protected by such law.

Signature of Patient: _____

Name of Patient: _____ Date: _____

Unless otherwise indicated, this Authorization shall expire upon the five (5) year anniversary of the date herein.