



2801 Westhill Drive
Wausau, WI 54401
www.entwausau.com

Phone: 715.847.2021
Toll Free: 800.897.3307
Fax: 715.847.2325

Authorization for Disclosure of Protected Health Information

Patient Name: _____

Date of Birth: _____

Address: _____

I authorize this use and/or disclosure of my protected health information:

From:

To:

ENT Associates
2801 Westhill Dr.
Wausau, WI 54401

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

Information to be disclosed includes:

Please provide specific dates or occurrences that will specifically identify the information you are requesting:

Disclosure: I understand that, if the persons or organizations I am authorizing to receive and/or use the protected health information are not subjected to federal health information privacy laws, they may further disclose the protected health information and I may no longer be protected by federal health information privacy laws. I understand I have the right to revoke or review the disclosure/materials at any given time. A copy of this authorization is as valid as the original.

Signature of Patient: _____ Date: _____

If request is made by another legally authorized person, please state relationship/legal authority enabling you to act on behalf of the subject individual:

Relationship: _____

Signature: _____ Date: _____

Processed By: _____ Date: _____