



Authorization to Release and/or Obtain Protected Health Information (PHI)

Patient Name: Date of Birth: Primary Phone Number: Account #:

Authorization to Release PHI

I hereby authorize Louisiana Ear, Nose, Throat & Sinus (LENTS) to release the medical records specified below TO:

NAME AND ADDRESS OF PERSON/ORGANIZATION RECEIVING MEDICAL RECORDS

Records to be released:

Authorization to Obtain PHI

I hereby authorize Louisiana Ear, Nose, Throat & Sinus (LENTS) to obtain the medical records specified below FROM:

NAME AND ADDRESS OF PERSON/ORGANIZATION RELEASING MEDICAL RECORDS

Records to be obtained:

The following information will be released when included in the above information unless you indicate otherwise: HIV/AIDS test results, Psychiatric or Mental Health diagnosis and treatment, Alcohol/Drug/Substance Abuse history and treatment. If patient is not in agreement, please indicate here to which they are not in agreement:

I understand that I do not have to sign this authorization, and my treatment or payment for services will not be denied if I do not sign this form. I can inspect or copy this protected health information to be used or disclosed. Except to the extent that action has already been taken in reliance on this authorization, the authorization may be revoked at any time by submitting a written notice to Louisiana, Ear, Nose, Throat & Sinus (LENTS). Unless revoked, this authorization will expire in one year from the date signed. I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

DATE

PRINT NAME OF REPRESENTATIVE

RELATIONSHIP TO PATIENT

8080 Bluebonnet Blvd, Suite 2121
Baton Rouge, LA 70810
P: 225-888-8630
F: 225-766-2068

5258 Dijon Dr.
Baton Rouge, LA 70808
P: 225-888-8470
F: 225-769-3550

8080 Bluebonnet Blvd, Suite 2222
Baton Rouge, LA 70810
P: 225-888-8644
F: 225-766-2068