Concepts In Hearing LLC.
8197 Corporate Way
Mason, OH 45040
(513) 628-0177
Lisa Rademacher, Audiologist

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous name (if applicable): _____

I request and authorize Concepts In Hearing to release healthcare information of the patient above to:

Name: _____

Address: _____

City: _____ State: _____ Zip code:_____

This request and authorization apply to:

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

☐ All healthcare information

☐ Other: _____

_____ _____
Signature of Patient Date of Signature

This authorization expires ninety days after it is signed.