Earl V. Wilkinson, M.D., FACS, LLC

Fellow of the American Academy of Otolaryngology Head and Neck Surgery
Ear, Nose, Throat & Sinus Disorders
Allergy & Licensed Acupuncture
5500 Knoll North Drive, Suite 310, Columbia, MD 21045

Authorization for Release of Protected Health Information (PHI)

Patient Name ____

Address ____

City ______________________ State _______ Zip ____________

Phone ____________________ Date of Birth ___________ SS# _____________

I hereby authorize Name: ____

Address ____

____

to release:
___Office notes, outside reports, consults ___Lab reports ___Cardiac tests ___Radiology reports ___Problem list ___Hearing tests

___Miscellaneous____

I understand that:

1. 1. This authorization gives my special permission to release any PHI that is contained in my medical record unless I specifically indicate "NO" next to one or more of the categories noted below:
   ____Substance Abuse Information ____Psychiatric/Mental Information ____HIV Information
2. This authorization is voluntary and being made at the request of the individual.
3. The released PHI may no longer be protected by Federal Privacy Laws and may be re-disclosed by the individual or organization authorized to receive the PHI.
4. This authorization will not be used for medical underwriting; therefore, my treatment, payments, enrollment or eligibility for benefits will not be conditioned on my signing this authorization.
5. This authorization will automatically expire one year from the date signed.
6. I may revoke this authorization at any time except to the extent that action has been taken in reliance thereon.

Release To:	**Address:**
Earl V. Wilkinson, M.D.	5500 Knoll North Drive, Suite 310, Columbia, MD 21045
	Phone: 410-964-5226 Fax: 410-964-5249

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Signed (Patient or Other Person Authorized to Act for Patient): Date Time

________________________________ Witnessed By:
Print Name:

________________________________ ________________________________
Relationship to patient Signed (Witness) Date Time

________________________________ ________________________________
Address Print Name: