

# Pacific Audiology Clinic

3502 NE Broadway  
Portland, Oregon 97232  
(503) 284-1906  
Fax (503) 546-0894

5331 SW Macadam Avenue Suite 395  
Portland, Oregon 97239  
(503) 719-4208  
Fax (503) 719-4209

## PERMISSION TO RELEASE MEDICAL RECORD

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Former Name(s) \_\_\_\_\_ Social Security \_\_\_\_\_

I hereby authorize the release of information

To:  Pacific Audiology Clinic  
3502 NE Broadway Street  
Portland, Oregon 97232

Pacific Audiology Clinic-West  
5331 SW Macadam Avenue  
Portland, Oregon 97239

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the following dates of service: \_\_\_\_\_

The purpose of the release is:  Diagnostic Evaluation  Follow up  
 Reimbursement  Other \_\_\_\_\_

The following information is requested and may be released: (please check all that apply)

All Records  
 Progress Notes  
 Audiology/Hearing Tests  
 Other \_\_\_\_\_

I do \_\_\_\_\_, do not \_\_\_\_\_ specifically consent to the transmission of my medical records via fax machine.

\_\_\_\_\_  
Signature of patient or representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness