Windsor Audiology
Hearing and Tinnitus Clinic

Leann Johnson, Au.D.
Board Certified Doctor of Audiology
Your Hearing Healthcare Journey
Begins Here

PROTECTED HEALTH INFORMATION RELEASE

Patient's Name: ______________________________ Date of Birth: __________________

Individual Persons

I give Windsor Audiology permission to release my healthcare information to the following individuals. This line may be left blank if you choose. Please note we will not be able to release any information regarding you, your hearing aids, your test results, or your appointments to anyone not on this list including- spouse, children or friends.

1) ______________________________ 3) ______________________________

2) ______________________________ 4) ______________________________

Physician's Offices

◯ I give Windsor Audiology permission to release information regarding my hearing health to my Physician's office listed____

Detailed Voicemail

◯ Windsor Audiology has permission to leave a detailed voicemail regarding my hearing health care including but not limited to; appointments, repairs, test results, and cost.

◯ Windsor Audiology DOES NOT have permission to leave a detailed voicemail regarding my hearing healthcare.

Electronic Communications i.e.: Email or Text

◯ I allow Windsor Audiology to communicate my personal healthcare information to me through unsecured forms of electronic communications.

◯ I DO NOT allow Windsor Audiology to send my personal healthcare information to me through electronic communications.

Marketing and Newsletters

◯ I would like to receive Quarterly Hearing Healthcare E-Newsletters and other special offers at my email on file.

◯ I do not want to receive Quarterly Hearing Healthcare E-Newsletters and other special offers at my email on file.

I understand that this form will remain valid until I have provided written request for Windsor Audiology to change, or cancel, any and/or all parts of the release.

Patient Signature______________________________________ Date Signed__________________

• 8201 Spinnaker Bay Drive, Suite E • Windsor • Colorado • P: 970.682.1950 • F: 970.631.8869 •
www.windsoraudiology.com