Paul Alberti, M.D., FACS ○ Agnes Czibulka, M.D.
Tapan Patel, M.D., FACS
Thomas Takoudes, M.D. ○ Eugenia Vining, M.D., FACS

REQUEST TO OBTAIN/DISCLOSE PROTECTED HEALTH INFORMATION

Patient name _____ **Date of birth** _____

As required by the Privacy Regulation, this practice may not obtain or disclose your protected health information except as provided in our Notice of Privacy Practices, without your authorization.

I hereby authorize Ear, Nose & Throat Medical and Surgical Group LLC and any of its employees to obtain/disclose the following patient health information:

_____

_____

☐ I authorize Ear, Nose & Throat Medical and Surgical Group LLC to disclose the above stated patient health information **to the following Healthcare Provider or Individual (i.e.: family member, friend, other)** for the purposes of evaluation and treatment.

Name: _____

Address: _____

Phone: _____ Fax: _____

☐ I authorize: _____
to disclose the above stated patient health information **to Ear, Nose & Throat Medical and Surgical Group** for the purposes of evaluation and treatment.

Physician name: _____

Address: _____

Phone: _____ Fax: _____

☐ I authorize Ear, Nose & Throat Medical and Surgical Group LLC to release a copy of the above stated patient information **directly to me** for my personal records.

This request will be reviewed by our Privacy Officer who will determine if the patient health information you requested can be made available. The following are some examples of information that we may be legally prohibited from disclosing:

- Information related to legal proceedings
- Information that federal or state laws prohibit us from disclosing
- Information whose disclosure may result in harm to you or another person
- Information that was obtained under promise of confidentiality
- Information forwarded to us by another physician or facility

Signature: _____ Date: _____

This authorization expires one year from the date signed unless otherwise stated or revoked.

To revoke this authorization, please submit a written revocation to:

Ear, Nose & Throat Medical and Surgical Group
C/O Rosie Stefko, Privacy Contact
31 Broadway, North Haven CT 06473

North Haven
31 Broadway, 2nd Floor
North Haven, CT 06473
Phone: (203) 234-1324
Fax: (855) 496-0993

New Haven
46 Prince St, Ste 601
New Haven, CT 06519
Phone: (203) 752-1726
Fax: (855) 451-0554

Branford
954 Main St
Branford, CT 06405
Phone: (203) 481-0003
Fax: (855) 357-1519