



1370 116th Ave. NE #201 Bellevue, WA 98004 (425) 455-0526 pacaudiology.com
1605 S. Washington St. #6, Seattle, WA 98144

AUTHORIZATION TO RELEASE INFORMATION

To: _____

I hereby authorize you to release to:

PAC Audiology
1370 116TH AVE. NE., Suite 201
Bellevue, WA 98004
Phone (425) 455-0526 FAX (425) 818-9509

ALL AUDIOLOGY RELATED RECORDS INCLUDING PROGRESS NOTES

Patient's Name: (Please Print) _____

Birthdate: _____

Patient's Signature (or parent or guardian) _____

Relationship to patient, if not patient: _____

Date: _____

I understand that my records may or may not contain information regarding the diagnosis or treatment of psychiatric disorders, alcoholism, drug dependency, sexually transmitted diseases, Human Immunodeficiency Virus (HIV), or Acquired Immunodeficiency Syndrome (AIDS), and that such information be included with the records released in accordance with the above request:

Authorized Signature (same as above) _____

Date: _____