AUDIOLOGY
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As a result of the Health Insurance Portability and Accountability Act (HIPAA), enforced by the U.S. Department of Health and Human Services office of Civil Rights, we are not permitted to release patient information except as stated in the Notice of Privacy Practices, or in accordance with your wishes as stated below.

This waiver authorizes Barbara L. Rosen, Au.D./Dr. Stefanie Wolf, Au.D. to send/give my medical information as noted:

	YES	NO
Leave a voice mail recording including my Personal Health information on my home/cell phone:		
Leave a voice mail recording including my Personal Health information on my business phone:		
Permit Dr. Rosen/Dr. Wolf to share personal health information with other health care providers, family members and/or school personnel as necessary to carry out my care:		

I received and reviewed Dr. Rosen's/Dr. Wolf's Notice of Privacy Practices which describes how my medical information may be used and disclosed and explains how I can get access to this information.

I had an opportunity to raise questions regarding this policy and all my questions have been answered:

YES NO

The authorizations made above will remain effective until such time as I notify Dr. Rosen's/Dr. Wolf's office in writing, of requested changes.

Print Patient Name

Patient/Guardian Signature

Date