

## **Authorization and Release for the Use and/or Disclosure of Protected Health Information for Marketing**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

I authorize Mt. Harrison Audiology and Hearing Aids LLC to use/disclose my protected health information for marketing related to audiological/health-related products or services. I understand that Mt. Harrison Audiology and Hearing Aids LLC or its business associates may receive financial remuneration in exchange for making the marketing communication from or on behalf of the third party whose product or service is being described.

I understand that if the person/organization authorized to receive and use the information is not a health plan or health care provider, the disclosed information may no longer be protected by federal privacy regulations.

I Authorize Mt. Harrison Audiology and Hearing Aids LLC to use and disclose medical information for any and all marketing purposes and understand that Mt. Harrison Audiology and Hearing Aids LLC or its business associate may receive financial remuneration in exchange for making the marketing communication for on behalf of the third party whose product or service is being described. A list of anticipated and potential persons/class of persons/organizations to whom information may be disclosed is included below.

I request an Authorization form for each instance Mt. Harrison Audiology and Hearing Aids LLC intends to use and disclose medical information for any marketing purposes and understand that Mt. Harrison Audiology and Hearing Aids LLC or its business associate may receive financial remuneration in exchange for making the marketing communication or on behalf of the third party whose product or service is being described.

I prohibit Mt. Harrison Audiology and Hearing Aids LLC from using and disclosing medical information for any marketing purposes.

A list of anticipated and/or potential persons/class of persons/organizations to whom information may be disclosed:

Hearing aid and or FM device manufactures, cochlear implant and bone anchored hearing aid manufacturers, buying groups, tinnitus treatment device manufacturers, Blueprint Solutions, Fuel Medical, AUDMA automation.

If you need assistance in completing the authorization form, please contact Amie Pool at amie@mtharrisonaudiology.com.

