

# Earl V. Wilkinson, M.D., FACS, LLC

Fellow of the American Academy of Otolaryngology Head and Neck Surgery  
Ear, Nose, Throat & Sinus Disorders  
Allergy & Licensed Acupuncture  
5500 Knoll North Drive, Suite 310, Columbia, MD 21045

## Authorization for Release of Protected Health Information (PHI)

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

I hereby authorize Name: \_\_\_\_\_

Address \_\_\_\_\_

to release:

\_\_\_ Office notes, outside reports, consults \_\_\_ Lab reports \_\_\_ Cardiac tests \_\_\_ Radiology reports \_\_\_ Problem list \_\_\_ Hearing tests

\_\_\_ Miscellaneous \_\_\_\_\_

I understand that:

1. This authorization gives my special permission to release any PHI that is contained in my medical record unless I specifically indicate "NO" next to one or more of the categories noted below:  
\_\_\_ Substance Abuse Information \_\_\_ Psychiatric/Mental Information \_\_\_ HIV Information
2. This authorization is voluntary and being made at the request of the individual.
3. The released PHI may no longer be protected by Federal Privacy Laws and may be re-disclosed by the individual or organization authorized to receive the PHI.
4. This authorization will not be used for medical underwriting; therefore, my treatment, payments, enrollment or eligibility for benefits will not be conditioned on my signing this authorization.
5. This authorization will automatically expire one year from the date signed.
6. I may revoke this authorization at any time except to the extent that action has been taken in reliance thereon.

**Release To:**

**Address:**

Earl V. Wilkinson, M.D. 5500 Knoll North Drive, Suite 310, Columbia, MD 21045

Phone: 410-964-5226 Fax: 410-964-5249

\_\_\_\_\_  
Signed (Patient or Other Person Authorized to Act for Patient): Date Time

\_\_\_\_\_  
Print Name: Witnessed By:

\_\_\_\_\_  
Relationship to patient Signed (Witness) Date Time

\_\_\_\_\_  
Address Print Name: