135 W. Dares Beach Road, #102
Prince Frederick, MD 20678
(P) 443-295-7100
(f) 443-295-7555

14090 H.G. Trueman, Suite 1400
Solomons, MD 20688
(P) 443-295-7100
(f) 443-295-7555

7247 Hanover Parkway, Suite A
Greenbelt, MD 20770
(P) 301-345-5877
(f) 301-345-5608

Release of Information and Assignment

Patient Name _____ Date of Birth _____

I request and authorize those listed below to release healthcare information including audiological examinations and treatments to Freedom Hearing Center LLC:

Name of Physician/ Practice or Individual _____

Address _____

Telephone Number _____

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I may receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. This authorization will automatically expire: (1) upon satisfaction of the need for disclosure or (2) 90 days from the date requested.

_____ _____

Signature of Patient or Guardian Date