

Communication Sciences and Disorders
JMU Audiology Clinic
235 Martin Luther King Jr. Way, MSC 4304
Harrisonburg, VA 22807
Telephone: 540-568-6491
Fax: 540-568-5757

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Address: _____

I, _____, authorize James Madison University Audiology Clinic
to release healthcare information and/or medical records to the following individuals or companies:

1. Individual or Company Name: _____ Phone Number: _____

Mailing Address: _____

Automatically Send Evaluation Summaries/Test Results Send Evaluation Summaries/Test Results Only As Requested

2. Individual or Company Name: _____ Phone Number: _____

Mailing Address: _____

Automatically Send Evaluation Summaries/Test Results Send Evaluation Summaries/Test Results Only As Requested

3. Individual or Company Name: _____ Phone Number: _____

Mailing Address: _____

Automatically Send Evaluation Summaries/Test Results Send Evaluation Summaries/Test Results Only As Requested

I wish to receive a personal copy of evaluation summaries/test results: Yes No

Signature: _____ **Date:** _____

Relationship to Patient: Self Parent/Legal Guardian Other: _____



Communication Sciences and Disorders
JMU Audiology Clinic
235 Martin Luther King Jr. Way, MSC 4304
Harrisonburg, VA 22807
Telephone: 540-568-6491
Fax: 540-568-5757

Witness Signature: _____ **Date:** _____

Revised 8/2017