



Central Florida ENT Associates

515 E. Garden Street, Lakeland, FL 33805

863-683-5454

AUTHORIZATION TO RELEASE PRIVATE HEALTH INFORMATION

Our patient/physician communication with you is held in strictest confidence. We will not discuss anything about your medical condition or care plan with anyone including parents, spouse or child without your written permission.

- I request that Central Florida ENT Associates NOT discuss my private health information and care plan with anyone.

If you want to allow other people access to your private health information, please fill out the bottom of this form to authorize us to release your private health information to the people named below.

- I authorize Central Florida ENT Associates to release my private health information to the following people.

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

By signing my name below I am being made aware that my private health information may be communicated in person, by telephone, fax, US mail or e-mail. Sexually Transmitted Diseases and HIV, drug/alcohol abuse can only be delivered to the patient in person and will be reported to the Polk County Health Department.

_____	_____
Patient Signature	Date
_____	_____
Witnessed By (Print Name)	Witness Signature