



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

Patient Name: _____

Date of Birth: _____

I authorize Medical Hearing Associates, LTD to use/disclose my protected health information for marketing related to audiological/health-related products or services. I understand that Medical Hearing Associates, LTD 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 Medical Hearing Associates, LTD to use and disclose medical information for any and all marketing purposes and understand that Medical Hearing Associates, LTD 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 Medical Hearing Associates, LTD intends to use and disclose medical information for any marketing purposes and understand that Medical Hearing Associates, LTD 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 Medical Hearing Associates, LTD 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:

- Medical Hearing Associates Battery Sale
- Sponsored Events by Medical Hearing Associates
- Hearing Aid Manufacturers

