

ACADIANA OTOLARYNGOLOGY HEAD & NECK SURGERY, L.L.C.
CONSENT TO RELEASE INFORMATION AND OWNERSHIP DISCLOSURE

I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical information and supporting documentation contained in my medical records maintained in this office to any entity that may be financially responsible for payment of expenses related to my treatment, including my insurer, health plan, Medicare, Medicare carriers, the Health Care Financing Administration and any external professional review organization acting on their behalf, for the purpose of administering benefits under such plans. If my treatment is work-related, I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical information regarding such treatment to my employer and/or its designee. I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical records to the applicable above-listed entities that may require medical record review pursuant to a quality improvement program. I hereby consent to Acadiana Otolaryngology Head & Neck Surgery, L.L.C. using any of my protected health information for any treatment, payment, or healthcare operation activity, as described in their Notice of Privacy Practices, a copy of which I acknowledge receiving today.

This authorization specifically includes the release of medical information concerning substance use or abuse, nervous and mental disorders and infectious diseases.

I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical records and reports to any health care provider participating in the care rendered by Acadiana Otolaryngology Head & Neck Surgery, L.L.C, including but not limited to referring physicians, hospitals, ambulance services or home health providers. I also authorize any other physician, laboratory, hospital, or other provider to release to Acadiana Otolaryngology Head & Neck Surgery, L.L.C all medical records, reports and X-rays necessary for my care.

Acadiana Otolaryngology Head & Neck Surgery, L.L.C. has an ownership interest in a healthcare facility to which you may be referred. This ownership interest includes Lafayette Surgical Specialty Hospital and Lourdes Imaging Development, L.L.C.

I CERTIFY THAT I HAVE READ THE FOREGOING FINANCIAL POLICY AGREEMENT AND CONSENT TO RELEASE INFORMATION AND THAT I UNDERSTAND THE PROVISIONS THEREIN.

Name of Patient (Please print)

Date

Signature of Responsible Party

Witness

Relationship to Patient