

Mitchell Ramsey, M.D.
Kent Keele, D.O.
Kyle Tubbs, MD.
David Healy, M.D.



Hannah M. Sims, Au.D. CCC-A
Kay Lynn Benko, M.S. CCC-A
Ann Hinds, Au.D. CCC-A. F-AAA

Otolaryngology • Head and Neck Cancer Surgery • Nasal & Sinus Surgery • Allergy
Thyroid & Parathyroid Surgery • Audiology • Facial Plastic and Reconstructive Surgery

Permission to Disclose Medical/Billing Information

(Print-Patient's Name)

(Date of Birth)

I give permission to Glacier Ear, Nose & Throat &/or Glacier Hearing services to discuss my medical/billing information with the individual(s) indicated below. Please include any individual (i.e. spouse) who you might want us to communicate with at any time regarding your bill or medical information. If they are not listed, we cannot speak to them. I understand that this permission will remain in effect until I submit a written request stating my intentions otherwise.

Name

Relationship

(Patient Signature)

(Date Signed)

If the patient is a minor complete below

**** Please list any adult(s) who may accompany the minor to appointment(s)****

****Please Note****

If patient listed above is unable to sign on their own behalf (i.e. minor, incapacitated) and you are acting as this patient's guardian or representative, please complete the section below:

(Print-Guardian/Representative's Name)

(Relationship to Patient)

(Signature-If not Patient)

(Date Signed)