The Jackson Ear, Nose and Throat Clinic

1421 North State Street, Suite 402
Jackson, MS 39202
Phone (601) 352-7655 Fax (601) 352-7658
William F Sneed MD

Authorization for Use or Disclosure of Protected Health Information

I authorize my physician and/or administrative and clinical staff of The Jackson Ear, Nose and Throat Clinic to disclose general medical information and other protected health information to the following persons and/or entities listed below. If no one is listed below, protected health information will not be disclosed except in those situations described in the Notice of Privacy for The Jackson Ear, Nose and Throat Clinic.

Name and relationship of the person you wish to allow access to your health information. For example; your parents, spouse, sibling, grandparents, neighbor, caretaker, or close friend:

Name	**Relationship**

This authorization to use and disclose protected health information is being submitted by my request and shall be in force and effect until revoked by me in writing. I understand that I have the right to revoke this authorization at any time by sending written notification to The Jackson Ear, Nose and Throat Clinic. I understand that information used or disclosed pursuant to this authorization may be disclosed by The Jackson Ear, Nose and Throat Clinic and may no longer be protected by federal or state law.

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Signature of Patient, Guardian, or Representative **Date**