



Permission to Disclose and Treat

Please list any individuals who have permission to discuss your health/financial information with Queen City Ear, Nose, and Throat. If your child is under 18 years old, and you cannot accompany them to their appointment, please list the individual(s) permitted to accompany your child to Queen City Ear, Nose, and Throat for medical treatment.

I hereby authorize Queen City Ear Nose and Throat to share/discuss my health/financial information with the individual(s) listed below:

I hereby authorize the individual(s) below to accompany my child for medical treatment at Queen City Ear Nose and Throat in my absence:

Name _____

Relationship to Patient _____

Name _____

Relationship to Patient _____

Name _____

Relationship to Patient _____

Signature _____

Printed Name _____

Relationship to patient _____