

**HEAR CLEARLY**  
**Dr. Susan Antonellis**  
1025 Northern Blvd., Suite 304  
Roslyn, NY 11576

**RELEASE AUTHORIZATION**

PATIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I WOULD LIKE ALL MY AUDIOLOGICAL EVALUATIONS AND HEARING AID INFORMATION SENT **TO:**

Dr. Susan Antonellis  
Dr. Donna Geffner & Associates  
1025 Northern Blvd. Suite 304  
Roslyn, NY 11576

I WOULD LIKE ALL MY AUDIOLOGICAL EVALUATIONS SENT **FROM** DR. SUSAN ANTONELLIS **TO:**

Name & Address of Providers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL HIPAA GUIDELINES ARE ADHERED TO IN THIS OFFICE.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
WITNESS

DATE: \_\_\_\_\_