BRC
FAMILY HEARING
SOLUTIONS

Doctors of Audiology
Rebecca A. Price, Au.D., F-AAA

HIPAA RELEASE FORM

Patient Name: _____ Date of Birth: _____

By *initialing* in the space provided, you agree to the release/exchange of information among the following agencies/individuals.

FOR INFANTS, TODDLERS AND PRESCHOOL CHILDREN

_____ Initial

Early Hearing Detection and Intervention (EHDI)
1771 Centennial Drive, Laramie, WY 82070
307-721-6212

_____ Initial

Local Child Developmental Center

Address _____

_____

Phone Number _____

Email _____

FOR SCHOOL-AGED CHILDREN

_____ Initial

Wyoming Department of Education
Outreach Services for Deaf/Hard of Hearing
307-274-1391

_____ Initial

Child's School/District

Address _____

_____

Phone _____

Email _____

FOR ALL PATIENTS

_____ Initial

Primary Care Provider _____

Facility Name _____

Address _____

_____

Phone _____

_____ Initial

Primary Member _____

Relation _____

Address _____

_____

Phone _____

_____ Initial

Primary Care Provider _____

Facility Name _____

Address _____

_____

Phone _____

_____ Initial

Primary Member _____

Relation _____

Address _____

_____

Phone _____

Parent/Guardian Signature: _____ Date: _____