

# Authorization for Sharing Hearing Loss Evaluation Findings

Date: \_\_\_\_\_

To Whom It May Concern,

I, [Your Name], hereby authorize the release of my hearing loss evaluation findings to the following individual or organization:

**Name:** [Recipient's Name]

**Title/Position:** [Title/Position]

**Organization:** [Organization Name]

**Address:** [Complete Address]

This authorization includes any and all records and documentation related to my hearing evaluation conducted on [Date of Evaluation] by [Name of Audiologist/Clinic].

I understand that this information will be used for the purpose of [specific purpose, e.g., treatment planning, second opinion, etc.].

This authorization is valid until [Expiration Date] unless revoked in writing prior to that date.

Signature: \_\_\_\_\_

Printed Name: [Your Name]

Contact Information: [Your Phone Number / Email Address]

Thank you for your attention to this matter.