

# AUDICUS

115 w 27<sup>th</sup> Street, 8<sup>th</sup> Floor  
New York, NY 10001



To Whom It May Concern:

The purpose of this letter is to request copies of the following medical records as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and Department of Health and Human Services regulations. This is covered in 45 CFR 164.524 (b) (1) of the Health Information Privacy.

**Patient Information:**

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Patient Email Address: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

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

**Authorization of Records from the Following Provider:**

Name of Provider: \_\_\_\_\_ Test Date (of most current test): \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Provider Email/Fax \_\_\_\_\_

This patient has authorized us to make this request on their behalf.

We request copies of all health records related to the patient's visit, in particular the full results of the patient's audiological exam performed at your office. Please fax the requested records to our audiologist at **888-498-5366** or email the test results to **test@audicus.com**. We can be reached at 888-979-6918 if you need any further information to process this request.

Sincerely,

Marianne Cramer M.S. FAAA  
Audiologist

