

AUDICUS

11 Broadway, 20th Floor
New York, NY 10004



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 **855-677-8998** or email the test results to **test@audicus.com**. We can be reached at 855-971-0451 if you need any further information to process this request.

Sincerely,

Marianne Cramer M.S. FAAA
Audiologist

