## UNIVERSITY OF SOUTH ALABAMA

COLLEGE OF ALLIED HEALTH PROFESSIONS

DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY SPEECH AND HEARING CENTER TELEPHONE: (251) 445-9378 HAHN 1119, 307 N. UNIVERSITY BLVD. MOBILE, ALABAMA 36688-0002 FAX: (251) 445-9377

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HONE	NO	DATE OF BIRTH	SSN
1.	Information that is to be understand that is to be understand the summary	Laboratory reports Operative/procedure report	te check) or SPECIFIC DATES (please indicate) History & Physical Pathological report
2.	Protected Health Information may be used by, disclosed to or obtained from: (Include complete address)		
	Purpose of Use and/or Disclosure of PHI:		
3.		Continued treatment	Personal use

## BY PROVIDING THIS AUTHORIZATION, I UNDERSTAND AS FOLLOWS:

1. I understand that such medical records may contain information concerning psychological, drug, and/or alcohol conditions, and/or diagnosis, treatment and care of sexually transmitted disease or complications related to sexua