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**ALLERGY & ASTHMA ASSOCIATES, INC.** 513-793-6861  
10597 Montgomery Rd., Suite 200, Cincinnati, OH 45242  
7144 Office Park Dr., West Chester, OH 45069

**STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF  
PROTECTED HEALTH INFORMATION**

**Information to be Used or Disclosed:**

Any chart information regarding allergies and/or asthma.

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**Persons Authorized to Use or Disclose information:**

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**Persons to Whom Information May Be Disclosed:**

**ALLERGY & ASTHMA ASSOCIATES, INC.  
10597 MONTGOMERY ROAD, SUITE 200  
CINCINNATI, OH 45242  
FAX: 513-985-2743**

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**Expiration Date of Authorization:**

This authorization is effective through \_\_\_\_\_ unless revoked or terminated by the patient or the patient's personal representative.

**Right to Terminate or Revoke Authorization:**

You may revoke or terminate this authorization by submitting a written revocation to Allergy & Asthma Associates, Inc. Attn: Compliance Officer.

**Potential for Re-Disclosure:**

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

**Signature**

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Name of Patient (print or type)

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Signature of Patient

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Signature of Patient Representative

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Relationship of Patient Representative to Patient