

# Family Hearing Center

Zeigler - Asby Audiology

Forty Fort Theatre Building

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Audiology Staff

James A. Zeigler, Au.D.  
Judith J. Johnston, Au.D.  
Ashley Andrejko, Au.D.  
Robert S. Asby, M.S.  
Certified and Licensed

Services

Auditory Evaluation  
Hearing Aid Evaluation  
Fitting and Training  
Cochlear Implant  
Candidacy Evaluation &  
Mapping  
Pediatric Audiology  
Otoacoustic Emission  
Auditory Evoked  
Response Evaluation  
Central Auditory  
Processing Evaluation  
Real Ear Hearing Aid  
Analysis  
Musician Earplugs  
and Monitors  
Industrial Audiology

## AUTHORIZATION TO RELEASE MY MEDICAL INFORMATION

I authorize **Family Hearing Center at Zeigler Audiology, LLC** to release my past audiometric test results from my medical record to:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**PATIENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

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The information to be released will cover the time period  
from \_\_\_\_\_ to \_\_\_\_\_  
for the purpose of continuation of audiologic evaluation.

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I understand that this consent will expire automatically when the record/s requested on this authorization have been released. I understand that the information released may be re-released by the recipient and may no longer be protected by HIPAA (Federal regulation).

**Date:** \_\_\_\_\_ **Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_  
(if patient is under 18 years)

**Date:** \_\_\_\_\_ **Witness Signature:** \_\_\_\_\_