900 North Montana Avenue
Suite A9 • Helena, MT 59601
(406) 449-8999 fax (406) 449-8989
"AASM Accredited since 2008"

400 West Granite
Butte, Montana 9701
406-782-4595 fax 406-782-4355
"AASM Accredited since 2010"

Authorization for Use or Disclosure of Medical Information

I, (Patient's Name) _____, hereby authorize

Facility or Physician: _____

Address: _____

Phone Number: _____

to disclose the following protected health information (*check appropriate*)

☐ Sleep Study Results: Interpretation and Scored Report (if available)

☐ (Other Information) _____

TO:

Sleep Diagnostics Inc.

900 N. Montana Ave. Ste A9 Helena, Mt. 59601 (406) 449-8999 Fax (406)449-8989

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification to: Sleep Diagnostics Inc.

Sleep Diagnostics Inc.

900 N. Montana Ave. Ste A9 Helena, Mt. 59601

_____ _____

Signature of Patient or Personal Representative Date