



Public Schools / One Sylvester Avenue / P.O. Box 130 / Berrien Springs, Michigan 49103  
Phone (269) 471-7725 Fax (269) 471-2590

Berrien County Hearing Impaired Program  
Phone: 269-471-8858

Audiology/Hearing Center  
Fax: 269-471-8866

Celeste Pauley, Coordinator  
Lynn Schafer, M.A., CCC-A, FAAA, Audiologist  
Lindsey Schueller, Au.D, CCC-A, Audiologist  
Cathy Kuntz, Secretary

"Helping children hear and learn...right from the start."

**Authorization to Release Health Information**

Regarding: Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

I give my permission to: \_\_\_\_\_  
 Bronson Methodist Hospital  
 The University of Michigan Health System  
 DeVos Children's Hospital, Spectrum Health System  
 Lakeland Healthcare \_\_\_ St. Joseph \_\_\_ Niles  
 South Bend Clinic  
 Other \_\_\_\_\_

to release information from my medical records concerning the following information. The information release will be restricted by the information limitations outlined below.

I understand that this release will take effect on the date signed and will be in effect, unless previously revoked, for 90 days. I understand I can cancel this release at any time by notifying the Berrien County Hearing Impaired Program (BCHIP) in writing and that my cancellation will not have any affect on information released before the BCHIP received by written notice.

Information requested (including, but not limited to):

- Appointment Dates and Information
- Audiologic Test Results and Reports
- Speech/Language Test Results and Reports
- Medical Records
- Cochlear Implant Program device information and map settings
- Newborn Hearing Screen
- Settings BAER (Brainstem Auditory Evoked Response) Test and Results

To: Berrien County Hearing Impaired Program  
Berrien Springs Public Schools  
PO Box 130  
Berrien Springs, MI 49103  
Phone: 269-471-8858  
Fax: 269-471-8866

Printed name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_