

EAR, NOSE, THROAT – HEAD & NECK SURGERY OF HUNTSVILLE, P.C.

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

DATE: ____/____/____

I HEREBY AUTHORIZE:

EAR, NOSE, THROAT – HEAD & NECK SURGERY OF HUNTSVILLE, P.C.

201 Whitesport Drive, Huntsville, AL 35801

Fax#: (256) 881-0712

*TO RELEASE RECORDS TO **OR** TO REQUEST RECORDS FROM (PLEASE CIRCLE ONE)*

NAME _____

ADDRESS _____

PHONE #: _____ FAX #: _____

THE RECORDS OF (PLEASE PRINT):

NAME _____

DATE OF BIRTH ____/____/____

SIGNATURE _____

RELATIONSHIP TO PATIENT _____

WITNESS _____

RECORDS REQUESTED _____

BY (DATE) : ____/____/____

HIPAA allows providers 30 days to complete a record request. Most requests, however, do not require that much time but requests aren't always able to be processed on a STAT basis (within a day or two) so please request your records well before you need them, or as soon as absolutely possible (preferably a 10-15 day period).