FLORIDA E.N.T. & Allergy

Breathe Well. Hear Well. Be Well.

Comprehensive E.N.T Care for the Entire Family

A Division of ENT and Allergy Associates of Florida

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION FROM OTHER HEALTHCARE FACILITIES

Name: _____ SS#: _____

Date of Birth: _____ / _____ / _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Healthcare Facility from which Records are requested:

_____ _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Dates of Treatment Requested from: _____ To: _____

MAIL INFORMATION TO:

Florida E.N.T. and Allergy
5105 N Armenia Ave
Tampa, FL 33603

Physician: _____

Phone: (813) 879-8045 Fax: (813) 876-6504
Email: fentamedicalrecords@entaaf.com

I hereby authorize Florida E.N.T and Allergy to obtain the health information indicated below that is contained in my patient records to the Recipient named below.

Please check all that apply:

☐ All Records ☐ Operative Reports ☐ Patient History ☐ Pathology Notes
☐ Office Notes ☐ Radiology Reports ☐ Laboratory Reports ☐ Other Specify: _____

This consent is subject to revocation at any time except to the extent the action has been taken thereon. **This authorization and consent will expire one year from the date of authorization written below.** Your healthcare (or payment for care) will not be affected by whether or not you sign this authorization. Once your healthcare information is released, re-disclosure of your healthcare information by the recipient may no longer be protected by law.

_____ / _____ _____ / _____ / _____
*Signature of Patient/Patient's Personal Representative ** *Printed Name* *Date Signed*

_____ _____ _____ / _____ / _____
Relationship if not Patient *Witness to Signature* *Date Signed*

** If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative MUST accompany the request (i.e. court appointed guardian, durable power of attorney for healthcare). For a deceased patient: A death certificate coupled with executor or administrator of estate paperwork must accompany authorization. Exception: parent signing for patient under the age of 18.*