

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Independence Ear, Nose & Throat, LLC  
1400 NW Federal Highway  
Stuart, FL 34994  
Phone: (772) 888-1880 / Fax: (855) 618-2315

**PATIENT IDENTIFICATION:** Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

If you are requesting that your medical records be released **FROM IENT** to another provider, check here:

If you are requesting that your medical records be sent **TO IENT** from another provider, check here:

If you are requesting to send records **via email TO IENT (admin@independenceent.com)**, check here:

Name of Provider: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Dates of Service for Requested Records:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Authorization for General Release of Information**

**Initials:** \_\_\_\_\_ I understand that I have a right to revoke this authorization at any time. Unless otherwise revoked, this authorization will expire on the following date, event or condition: *If I fail to specify an expiration date, event or condition, this authorization will expire in one (1) year.* \_\_\_\_\_

**Initials:** \_\_\_\_\_ I hereby authorize release of my medical records which may include information related to sexually transmitted disease, AIDS, or HIV.

**Initials:** \_\_\_\_\_ I hereby authorize release of my medical records which may include information relating to behavioral or mental health services and treatment for alcohol and / or drug abuse.

**Limitations, if any:** \_\_\_\_\_

Signature of Patient / Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

*If you have any questions, please call our Medical Records Department at 772-888-1880, option 5. This Authorization may be revoked except to the extent that IENT has taken action in reliance upon your instruction. Please be aware that the information release may be subject to re-disclosure by the recipient. TREATMENT MAY NOT be withheld or conditioned on obtaining this Authorization.*