



Orlando Ear, Nose & Throat Associates, P.A.

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Ear, Nose & Throat

Head & Neck Surgery, Facial Plastic Surgery, E.N.T. Allergy, Hearing Aids

Orlando ENT Fax: (407) 282-5483

FAXED

By: _____

On: _____

MEDICAL RECORDS RELEASE

I, _____, hereby authorize Orlando Ear, Nose & Throat Associates, P.A.

to: Release records to Obtain records from Self (Pre-pay)

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

**** PLEASE RELEASE MY MEDICAL RECORDS ****

Initial by the items you want to have released

State Period of time: From _____ to: _____

- | | |
|--|--|
| <input type="checkbox"/> 1. ALL MEDICAL RECORDS (includes: #2- #9) | <input type="checkbox"/> 8. NEWBORN/BIRTH RECORDS
(Include – Screen Test Results) |
| <input type="checkbox"/> 2. IMMUNIZATION RECORDS | <input type="checkbox"/> 9. MEDICALLY SENSITIVE: |
| <input type="checkbox"/> 3. CONSULTATIONS | <input type="checkbox"/> HIV/AIDS Information |
| <input type="checkbox"/> 4. SURGICAL REPORTS | <input type="checkbox"/> Mental Health Information |
| <input type="checkbox"/> 5. LABORATORY RESULTS | <input type="checkbox"/> Substance Abuse Information |
| <input type="checkbox"/> 6. X-RAY REPORTS | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> 7. ER RECORDS _____ | <input type="checkbox"/> Pregnancy Information |
| (DATE) | (If patient is under 18 years of age) |

Name of Patient: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

Parent/Guardian: _____ Parent/Guardian: _____
* (if applicable) (Print) (Signature)

I understand that this consent is revocable by me, in writing, at any time except when action has been taken in reliance upon it. I also understand that this consent will expire thirty (30) days after the date of the signature or automatically when the records requested on this form have been sent.

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by law. Any further re-disclosure is strictly prohibited.