Pediatric Ear, Nose and Throat Institute of South Texas
Board Certified Otolaryngology - Head & Neck Surgery
Fellowship in Pediatric Otolaryngology - Head & Neck Surgery
www.PediEnt.com

Medical Records Request Form

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the person(s) or entity listed below.

Name:		
Street:		
City:	State:	Zip:
Patient Name:	Date of Birth:	

Limitations on the information you may release subject to this release form as follows:

The reasons or purposes for this release of information are as follows:

Patient signature (state relationship if parents, guardian or legal representative) :

Date

I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.

I understand that a revocation is not effective to the extent that the practice has relied on this authorization in its actions. Also, a revocation is not effective if this authorization was obtained as a condition of obtaining insurance coverage, as other law provides the insurer with the right to contest a claim under the policy or the policy itself.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

16723 Huebner Road San Antonio, Texas 78248
Telephone (210)- PediEnt (733-4368)
Mailing Address: P.O. Box 29749 San Antonio, Texas 78229
Fax (210) 614-5451