

**East Alabama Ear, Nose & Throat, P.C.**  
**1965 1<sup>st</sup> Avenue, Opelika, AL 36801**  
**(334) 705-0012 (334) 705-0378 FAX**

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

PATIENT INFORMATION (Please print):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**RELEASE MY MEDICAL RECORDS FROM:**

East Alabama Ear, Nose, and Throat, P.C.  
Dr. William Blythe, Dr. Warren Stiles, Dr. Stites Whatley

**TO:** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

Please release a copy of all my medical records, including, but not limited to, office notes, operative notes, laboratory results, x-ray reports, audio reports, audio-verbal notes (AVT), etc.

**YOU SHOULD RECEIVE \_\_\_\_\_ PAGES BY FAX. If you do not receive the specified amounts, please call Kara at (334) 364-0357 or ext 237.**

**BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS**

Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or guardian (please circle)

Due to HIPPA regulations, no miscellaneous records can be released such as any medical record received in this office from another doctors' office, hospital, diagnostic center, etc. No records will be copied prior to the year 2000. HIPPA regulations require medical facilities to keep records for 7 years. If chart is voluminous, patient could be required to pay copying costs and/or storage fees, which needs to be paid in cash prior to retrieving/copying of records.