



MEDICAL RECORDS RELEASE

Patient Name: _____ Date of Birth: _____

I request and authorize:

- ☐ Mountain Ear, Nose & Throat Associates
38 The Village Overlook
Sylva, NC 28779
Fax: 828-586-7473

To receive healthcare and medical records for the patient named above from the following medical entity:

- ☐ Mountain Ear, Nose & Throat Associates to release medical and healthcare information for the patient named above to:
Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Please Deliver this information via: ☐ Mail ☐ Fax ☐ Patient Will Pick Up

This request and authorization apply to and expire 30 days after signature:

- ☐ All medical/healthcare records including current and previous medical records from other practices and practitioners, hospitals, and/or clinics which have become a part of my record at Mountain ENT
- ☐ Medical/Healthcare information relating to the following treatment, conditions or dates:

I agree that a copy of this release or a fax of this release shall be as valid as this original release.

Patient Signature: _____ Date: _____

PATIENT RIGHTS: This authorization may include information relating to HIV or other communicable disease diagnosis. Patients have the right to revoke the authorization for disclosures. Revocation is not effective in cases where the information has already been disclosed but will be effective going forward. Patients may inspect or copy the health information to be disclosed. Patients have the right to refuse to sign this authorization and treatment is not contingent on signing. Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

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166 Holly Springs Park Drive Franklin, NC 28734
4451 E US Hwy 64 Alt Murphy, NC 28906
7 Walden Ridge Drive Suite 200 Asheville, NC 28803
828-586-7474 (Sylva) * 828-524-5599 (Franklin) * 828-835-1014 (Murphy) * 828-458-8100 (Asheville)