



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