



Christopher J. Mann, M.D. – Magalie Nelson-Charles, M.D.. - Stacey Parker, PA-C - Crystal Gay, PA-C – Julie Lambert, M.ED, CCC-A

## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION FROM ALBANY EAR NOSE AND THROAT

TO ALBANY EAR NOSE AND THROAT:

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE MEDICAL RECORDS YOU HAVE REGARDING:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(IF RELATIVE-STATE RELATIONSHIP) \_\_\_\_\_

WITNESS: \_\_\_\_\_

PLEASE FORWARD RECORDS TO: \_\_\_\_\_

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

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

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