

Instructions for Completing the Authorization to Release/Receive Medical Information

Patient Information: This is the identifying information of the person whose records are to be released. This ensures that the correct patient records will be selected. *Patient's full name and date of birth are REQUIRED.*

Release my records FROM: Check only **ONE** of the boxes: check the first box if you would like your records released from an ENT Specialty Care facility/provider. Check the second box if you are requesting your records be released from a facility/provider **OTHER** than ENT Specialty Care. If choosing "other" please provide as much information as possible.

Send my records TO: Check only **ONE** of the boxes: check the first box if you are requesting records be sent **TO** ENT Specialty Care. Check the second box if you are requesting records be sent **TO** another facility/provider. If choosing "other" please provide as much information as possible.

Records to be Released: This section gives us the instructions for what information you want released. It is very helpful if you identify the date or range of dates needed by the requestor.

Reason for Request: HIPAA requires that the patient indicates why the records are being released. This also helps us track and assign a priority status to your request. If the records are needed for an upcoming appointment or specific date, please provide the date.

I understand that by signing below: Read this section carefully. This is the information you need to make an informed consent to release your records. This authorization will expire in one year unless you provide a different date (this date **CANNOT** be the same as the date it's signed). Services provided after the date of signature may be released according to the authorization up until it expires. To revoke the authorization, submit a written request to the address below.

Sign and Date: This form **MUST** be signed and dated by the patient for it to be valid. Parents/legal guardians can sign for minors as long as they state their relationship. Legal documentation showing guardianship or authorization must be on file or submitted with this form.

ENT Specialty Care of MN - Medical Records Department

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