Specialty Care Institute

ENT, Sinus & Hearing

MEDICAL RECORDS RELEASE

Patient Name: _____ Birthdate: _____/_____/_____

Address: _____ Phone number: _____

I Authorize and Request my medical records to be release to the following:

FROM: _____ Phone Number: _____

Fax: _____ Address: _____

TO: _____ Phone Number: _____

Fax: _____ Address: _____

Please include the following information;

- ☐ Progress Notes
- ☐ Radiology Reports
- ☐ Laboratory Reports
- ☐ ENT Procedures
- ☐ ENT Operative Notes
- ☐ Pathology Reports
- ☐ Images
- ☐ Surgery Reports
- ☐ All Of The Above
- ☐ Other _____

I understand that this information disclosed could contain mental health, developmental disabilities, alcohol and drug abuse, and/or Acquired Immune Deficiency Syndrome (AIDS) / HIV information.
I understand that I have the right to inspect and/or obtain a copy, (for the appropriate fee) of the information prior to disclosure.
I understand that if I do NOT disclose needed information it could affect my insurance companies' ability to pay for a claim associated with this visit and I may be responsible for any charges.
I may revoke this authorization at any time (except to the extent that action has already been taken) by submitting a written revocation to the facility.
This authorization will be considered valid for a 90 day period following the date of signature, unless otherwise specified here: _____.
I absolve the individual or agency identified above together with its officers and employees from any legal liability which may arise from the disclosure of this information.
I also acknowledge that recipients of this information may possible re-release the information without proper authorization and once information is disclosed, it may no longer be protected by federal privacy regulations.
I understand that I may review the disclosed information or ask questions by contacting the privacy officer at the below address.

Patient/Guarantor Signature_____**Date**_____

Elgin: 1750 N Randall Rd., Ste 210, Elgin, IL, 60123
Barrington: 602 Fox Glen Ct., Barrington, IL, 60010
Hoffman: 3150 W Higgins Rd., Ste. 130, Hoffman Estates, IL, 60169

Phone Number: 847-888-9000
Fax Number: 847-888-9001
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