

CASS STREET EAR, NOSE AND THROAT ASSOCIATES, P.C.

Richard C. Schultz Jr., MD, FACS

Otolaryngology*Head and Neck Surgery*Allergy

Corey K. Treadway MD, FFAOA

1104 Cass Street

Eric R. Snyder MD

Traverse City MI 49684

Jill N. Polmateer RN, CS, FNP

231-941-1155 * FAX 231-941-1347

AUTHORIZATION TO RELEASE MEDICAL RECORDS

(Release records FROM Cass Street Ear, Nose, and Throat)

Patient's Name: _____

Patient's Date of Birth: _____ SS#: _____

Patient's Address: _____

The Above Identified Patient is Requesting the Following Information be Made Available to:

Name of Person/Organization/Entity to Receive Information: _____

Is the receiver of the information a: Circle One Please

Physician Dentist Hospital Out-patient Center Clinic Nursing Home Hospice

Other: Please Specify: _____

Address to Send Information: _____

OK to send medical records through un-secure email? Yes No

Information to be released: Please Check all Applicable to Release

All Medical Records to include: Medical Records, Dental Record, Immunization Record, **Mental Health Record, HIV Status, Substance Abuse.**

Purpose of Medical Record Request:

Changing Doctors Moving Continuation of Care Personal Use Other _____

I understand that this Authorization is effective for a period of 90days from the date of signature, unless otherwise specified below. No time frame may exceed one year from the date of signature. I understand that I have the right to revoke this authorization at any time by sending a written request to the entity / person I authorized above to release the information.

If applicable, specify other expiration date / event here: _____

Dates of Service: From: _____ To: _____

Other: Please Specify: _____

Signature of Patient: _____ Date: _____

Signature of Parent/Guardian: _____ Relationship: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. 29 C.F.R. {1635.8(b)(1)(i)(B).

Verification of Information Released

Name and Title of Person Who Released Records: _____

How was the Information Transferred?

Sent by Mail on Date: _____ Certified?(certification #) _____

Faxed to: (number): _____ on (date): _____

Picked up by: (name): _____ on (date): _____