

Arizona Ear, Nose and Throat Physicians, PLLC

13949 West Meeker Blvd. · Suite C · Sun City West, Arizona 85375
(623) 975-1660 · FAX (623) 975-1654

**RELEASE OF MEDICAL RECORDS
AUTHORIZATION FORM**

I hereby request that the following office:

CIGNA Healthcare Group
13041 North Del Well Blvd
Sun City, Arizona 85351

Type of Records Requested:

[**X**] Complete ENT chart (including operative reports, labs, diagnostic imaging, procedures, and/or audiograms)

I hereby authorize and request that my records be released to:

Arizona Ear, Nose & Throat Physicians PLLC
Ralph E. Bassett, M.D.
Sanford R. Hoffman, M.D.
Paul B. Borgesen, D.D.S., M.D.

Patient's Name: _____
Patient's Date of Birth: _____
Street Address: _____
City, State, Zip _____

Patient's Signature

Date of Signature

I hereby release you, your physicians, and your employees from any and all liability for fulfilling the authorization request for release of medical information. This authorization shall be in force and in effect for ninety (90) days after the signed date above at which time this authorization to use or disclose this protected health information expires. I have given my consent freely and voluntarily. I understand I have the right to revoke this authorization, in writing, at any time by sending such written notification to Arizona Ear, Nose and Throat Physicians PLLC at 13949 West Meeker Blvd., Suite C, Sun City West, Arizona 85375. I understand that a photocopy / facsimile of this authorization is considered acceptable in lieu of the original.