



# Asheville Head, Neck and Ear Surgeons, P.A.

JOHN W. CURRENS, M.D.  
RONALD W. LANE, M.D.  
FRANK M. MELVIN, M.D.  
ROBERT B. MOORE, M.D.  
TED B. RHENEY, JR., M.D.  
JASON M. ROBERTS, M.D.  
STEPHEN R. SEAL, M.D.

JEANIE PASCHALL, M.S. CCC-A  
MEGAN WATSON, Au.D.  
MEGHANN DAVIES, Au.D.  
HEATHER TOTH, Au.D.  
SARA SCHAETZKA, Au.D.  
MEGAN LAMPREY, Au.D.  
REBEKAH MATTA, Au.D.  
CANEEY DEMARS, Au.D.

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Today's Date: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_  
Patient's Address: \_\_\_\_\_

I do hereby consent and authorize you to release and/or obtain (as outlined below) copies of my medical records, including current and previous medical records from other practices and practitioners, hospitals, and/or clinics which are a part of my medical records. PLEASE NOTE: This authorization includes consent for the release of alcohol, drug, psychiatric and psychological information; and any information relating to pregnancy, sexually transmitted diseases, HIV Testing, AIDS, and any AIDS-Related Syndromes. It also includes any information concerning Cancer, Cancer Testing, and Cancer Results. I agree that a copy of this release or a fax of this release shall be as valid as this original release. Please send copies of all requested information to the address listed below:

I request my medical records:  1 Year  2 Years  Entire Chart  
 Other: \_\_\_\_\_

Release Records to: \_\_\_\_\_ Obtain Records from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

- Parent/Guardian of Minor Patient
- Guardian/Conservator of an Incompetent Patient
- Beneficiary/Personal Representative of Deceased Patient

*Please fax this form to (828) 253-6960 and allow at least 72 business hours for processing of medical records.*

ASHEVILLE	EAST ASHEVILLE	BREVARD	HENDERSONVILLE	MARION
1065 Hendersonville Rd. Asheville, NC 28803 (828) 254-3517 FAX (828) 253-6960 1-800-228-3127	1000 Centre Park Dr. Asheville, NC 28805 (828) 254-3517	188 Medical Park Dr. 7-B Brevard, NC 28712 (828) 884-6702	709-D North Justice St. Hendersonville, NC 28791 (828) 698-2350	20 W. Medical Park Dr., Suite 2 Marion, NC 28752 (828) 652-9620