



John S. Supance, M.D., F.A.C.S. • Mark A. Wohlgemuth, M.D., F.A.C.S. • James K. Bredekamp, M.D., F.A.C.S.  
 Michael K. Jakobsen, M.D., F.A.C.S. • Michael Cho, M.D., F.A.C.S. • Phillip R. Wells, M.D., F.A.C.S.  
 Dennis M. Crockett, M.D., F.A.C.S.

Diplomates, American Board of Otolaryngology

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

### Authorization for Release of Medical Records

I hereby request and authorize the physicians of Head and Neck Associates of Orange County to furnish medical information concerning:

\_\_\_\_\_  
 Patient's Name

\_\_\_\_\_  
 Patient's Date of Birth

To: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name and Address

I authorize that any and / or all information may be released, including but not limited to mental health records protected by the Lantermen-Petris-Short Act, drug and / or alcohol abuse records and / or HIV test results, if any, except as specifically listed below:

**Excluded records:**

\_\_\_\_\_  
 \_\_\_\_\_

This authorization is effective now and will remain in effect until \_\_\_\_\_  
 Date

I understand that I have the right to receive a copy of this signed authorization.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Relationship to Patient

[www.hnaoc.com](http://www.hnaoc.com)

26726 Crown Valley Parkway, Suite 200 • Mission Viejo, CA 92691 • 949-364-4361 • Fax 949-364-4495  
 24411 Health Center Drive, Suite 370 • Laguna Hills, CA 92653 • 949-581-3888 • Fax 949-581-3883  
 675 Camino de los Mares, Suite 420 • San Clemente, CA 92673 • 949-364-4361 • Fax 949-364-4495