

**ALLERGY & IMMUNOLOGY SPECIALISTS**  
**ADULT & PEDIATRIC PATIENTS**

Connie Hsu, MD, FAAAAI      Kristi Hunter, FNP-C  
 Dana Mather, FNP-C      Kristin Oarde, FNP-C  
 Alina Stanca, FNP-C      Kristin Mitchell, FNP-C

**AUTHORIZATION TO RELEASE RECORDS**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**I hereby authorize the release of medical records:**

**To / From:** Allergy & Immunology Specialists      **From / To:** \_\_\_\_\_  
 13575 W Indian School Road Suite 200  
 Litchfield Park, AZ 85340  
 Phone: 623-512-4310  
 Fax: 623-512-4311

**Please release the following records requested / as requested:**

**\*\*\*ALL Allergy & Immunology Records \*\*\*\*\***

<b>Skin Biopsy Report</b>	<b>Most Recent MD Notes</b>
<b>Consultation Report</b>	<b>X-Ray/Sinus CT Reports</b>
<b>Lab Reports</b>	<b>EGD/Pathology Reports</b>
<b>Radiology Reports</b>	<b>Other :</b> _____

I, the undersigned hereby authorized the identified above to provide a copy of any and all medical records related to the care or services provided. This request shall include HIV, drug and alcohol use and mental health records. This authorization is valid for six (6) months from the date of signing and may be revoked at any time by providing written notice. I understand I cannot revoke this authorization retroactively for any information already received. I hereby release you, your physicians, and your employees from any and all liability for fulfilling the authorized request for release of medical information. I understand that a photocopy/fax of this authorization is considered acceptable in lieu of the original.

**Signature:**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Patient**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian**

**Note:** The information requested/included is *confidential* and intended for the parties listed here only. Should you have received this information in error, please discard, disregard and notify the sender immediately. Thank you

**Litchfield Park, AZ 85340**  
 13575 W Indian School Rd,  
 Ste. 200

**Phone 623-512-4310**  
**Fax 623-512-4311**

**Glendale, AZ 85308**  
 17560 N. 75<sup>th</sup> Ave, Ste. D-420

**Phoenix, AZ 85020**  
 9250 N 3<sup>rd</sup> St, Ste 3000

**Show Low, AZ 85901**  
 4951 S White Mountain Rd, Bldg. A, 3<sup>rd</sup> Floor