DR. CLIFTON HUNT, M.D.
Sleep Clinic of Delaware

5153 W. Woodmill Drive, Suite 18
Wilmington, DE 19808
Phone 302-999-7898
Fax 302-380-4159
www.sleepclinic.net

HEALTH INFORMATION RELEASE AUTHORIZATION FORM

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Release Information – *Choose One*

☐ I authorize Dr. Clifton Hunt's Office to **RELEASE** medical record information to:

☐ I authorize Dr. Clifton Hunt's Office to **OBTAIN** medical record information from:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

Information Needed:

☐ Entire Medical Record ☐ Test Results _____
☐ Progress Notes from date _____ to _____
☐ Laboratory Results _____

Purpose for Request:

☐ Personal Use ☐ Continued Care ☐ Attorney ☐ Insurance Claim

Patient's Signature: _____ Date: _____