

Authorization for Exchange of Health Information

I hereby authorize WOMEN Obstetrics & Gynecology, PLC to disclose the health information of the individual named below:

Patient's Name: _____ Date of Birth: _____
Social Security Number: _____

This information may be sent to the following individual or organization:

NAME _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

- The following information is authorized for use & disclosure: Reason for use & disclosure:
Office visit notes
Lab test results
Imaging test results
Summaries of procedures, operations, hospitalizations
Complete record
Other (please specify)
Continuing Care
Transfer of Care
Insurance
Personal reasons
Attorney/Court Case
Other (specify)

Sensitive Information: I understand that the information in my record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services or treatment for alcohol and drug abuse. (Initials)

Redisclosure: I understand that any disclosure of information carries with it the potential for redisclosure and that the information then may not be protected by federal confidentiality rules. (Initials)

Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing. And I understand that the revocation will not apply to information already released based on this authorization. (Initials)

Right to Inspect and Copy: I understand that I have a right to inspect and receive a copy of the information that is used or disclosed based on this authorization. (Initials)

Expiration: Unless otherwise revoked, this authorization will expire on the following date, event or condition. (If You do not specify an expiration date, event, or condition, this authorization will expire in six (6) months.)

Signature of Patient or Representative _____ Date _____
Patient's Name (printed) _____