awh
advanced women's healthcare

CONSENT TO RELEASE / OBTAIN MEDICAL RECORDS

DATE _____

Patient: FIRST _____ **LAST** _____

Date of Birth _____ **Social Security Number** _____

I hereby authorize Advanced Women's Healthcare, P.A. **(CHECK ONE)**

_____ **To RELEASE copies of my medical records to:** _____**To RECEIVE copies of my medical records from:**

Name/Business_____

Address_____

Phone_____ **Fax**_____

I understand that if the recipient authorized to receive the information is not a covered entity, e.g. insurance company or non-health care provider, the released information may no longer be protected by federal and state privacy regulations.
The following information is requested and may be released:

☐ **ALL RECORDS**

☐ **Pap Smear and Exam Notes**
(indicate date range) _____

☐ **OB Records Only**
(indicate date range) _____

☐ **Mammogram Films and Reports**
(indicate date range) _____

☐ **Lab Results Only**
(indicate date range)_____

☐ **Other** _____

By checking ALL RECORDS, I hereby give my express consent to release all medical records regarding my treatment, including genetic information and testing, family history, psychological treatment, drug abuse, alcohol use, human immunodeficiency virus (HIV) infection including acquired immunodeficiency syndrome (AIDS) or test for HIV, or sexually transmitted diseases.
***PLEASE SPECIFY description of purpose of the use and/or disclosure:**

_____

I understand that this authorization will expire by law 180 days from the date of this authorization unless I otherwise specify. I further understand that I may revoke this authorization at any time by notifying Advanced Women's Healthcare, P.A. in writing. I also understand that the written revocation must be signed and dated with a date that is later than the date on this Authorization. The revocation will not affect any actions taken before receipt of the written revocation. I understand that copies of records are subject to a $25.00 minimum fee.

_____ _____/_____/_____

(Signature of Patient or Representative) **Date**

(_____) _____-_____

(Daytime Phone Number)

OFFICE USE ONLY:
date records sent: _____ **staff initials** _____

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