ASSOCIATES FOR WOMEN'S HEALTH
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PLEASE PRINT

Last Name:_____, First Name:_____ Middle Initial: _____

Date of Birth:_____ SS#_____ Phone#_____

I Hereby Authorize:

_____

_____

Phone:_____

Fax:_____

To Release My Records To:

_____

_____

Phone:_____

Fax:_____

Copies of the following information:
Please check applicable area in order to authorize release.

1. ____ **Last PAP, STD Screen, Annual Exam**
2. ____ **Current / Past Prenatal Records**
3. ____ **Consult / Office Notes from _____**
4. ____ **Ultrasound / Other Radiology Reports**
5. ____ **ALL MEDICAL RECORDS**
6. _____ **HIV Results**
7. _____ **Genetic Testing**
8. _____ **Other:_____**

For the purpose of: _____Continuing Care_____Personal Copy_____ Insurance Claim

_____Legal Claim ___Disability Determination___Other (Please describe)_____

Fees:
I understand that there may be a fee representing clerical time, photocopying, paper, and postage costs. Exact cost will be provided before processing. ($0 for the first 10 pages, then $0.25 per page) Total: $_____

This authorization is in effect only from the date of signing until 7 days after; in which this authorization will be automatically revoked. I further understand that:

- I may refuse to sign this authorization and that my refusal will have no impact on receiving treatment.
- I can inspect or copy any information disclosed under this agreement.
- My signing of this document is voluntary.
- I can revoke this authorization at any time and the revocation must be in writing.
- I will receive a copy of this authorization.
- The federal privacy laws will not cover the information released.

SIGNATURES:

Patient:_____ Date:_____

Witness:_____ Date:_____

Identification of requestor verified: YES_____ NO_____ Type:_____

Note: Patient must sign her own authorization. The information which relates to privileged information is subject to the following statement: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of such information without specific written consent of the person to whom the information pertains or is otherwise permitted by state law.