

PHYSICIANS FOR WOMEN OF GREENSBORO
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
Telephone# 336-273-3661 / Fax# 336-273-9438

Print Patient's full name

Date of birth

Street address

Social Security number

City, State, Zip code

Home telephone number

I do hereby authorize _____ to release:
Name of facility

_____ Entire Record	_____ Specific date(s) of service _____		
_____ Office notes	_____ Pap Smear	_____ Ultrasound	_____ Mammogram
_____ Bone Density	_____ Pathology	_____ Lab reports: specify if needed _____	
_____ Hospital records	_____ Other: _____		

_____ I do _____ I do not authorize release of information related to AIDS (acquired immunodeficiency syndrome) or HIV (human immunodeficiency virus) infection, sexually transmitted disease(s), psychiatric care and/or psychological assessment and/or treatment for alcohol and/or drug abuse.

INFORMATION RELEASED TO: _____
Name of Facility / Agency / Person

Address

Phone Number

Fax Number

PURPOSE OF DISCLOSURE:

_____ Referral to specialist	_____ Insurance	_____ Worker's Comp	_____ Change doctor
_____ Legal issue	_____ Disability	_____ Personal	_____ PCP / Internist
_____ Other: _____			

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to the cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or facility receiving it and would then no longer be protected by this release. I understand the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of Patient or authorized representative

Date

Please provide the best telephone number to contact you in the event of a question: _____

There will be a charge for the transfer of your records due at time of service.
Pages 1-25 \$0.75 per page; pages 26-100 \$0.50 per page; pages over 100 \$0.25 per page.