

Southwest Women's Care, PC
2204 South Dobson Road, Suite 202
Mesa, AZ 85202
(480) 222-0699 Phone
(480) 222-0706 Fax

<i>For Medical Records Use Only</i>	
Total Paid _____	Appointment Date _____
Date _____	Initials _____
To be picked up _____	
Date Faxed _____	Date Mailed _____

PATIENT AUTHORIZATION FOR THE DISCLOSURE OF PROTECTED HEALTH INFORMATION

Name of Patient (Please Print) Date of Birth

Street Address City State Zip Phone

Maiden Name or other names use for records Clinic Use: MRN

I hereby authorize: (Please Print) To release to: (Please Print)

The following information from my records:
 Complete Health Record(s)
 Health Records from Dr(s) _____
 Other (please specify) _____
Covering the period from _____ to _____

I understand that this will include information relating to
➤ Acquired Immunodeficiency syndrome (AIDS) or Human Immunodeficiency Syndrome (HIV) infection
➤ Psychiatric care
➤ Treatment for alcohol and/or drug abuse
If any, except as specifically stated here: _____

This information is to be disclosed for the purpose(s) of _____
Specify the date, extent or condition upon which this authorization expires: _____

I understand that I have the right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to Southwest Women's Care, PC at the above address. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire in sixty (60) days from the date below.

I understand that treatment is not conditioned upon the execution of this authorization. I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulation, the information described above may be re-disclosed and no longer protected by those regulations. I understand that fees may be charged for preparing and sending copies of records, including charges for labor and supplies up to \$25.00. A copying charge of \$0.50 for the first 250 pages and \$0.35 for additional pages, and the reasonable cost of all duplication of records that cannot be routinely duplicated on a standard photocopy machine will be charged.

Southwest Women's Care, PC is not responsible for completeness, legibility, or omission caused by the copying of any medical records from another institution.

Signature of Patient or Patient's Representative **Date**

Printed Name of Patient's Representative

Relationship to Patient