

Records Release

Name of Patient _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____ Phone _____

Maiden Name or other names used for records _____ Clinic Use: MRN _____

Organization RELEASING Information (From):

Name of Physician or Company:			Attn:
Address:			Fax:
City:	State:	Zip:	Phone:

Organization or Individual RECEIVING Information (To):

Name / Facility:			Attn:
Address:			Fax:
City:	State:	Zip:	Phone:

Medical records shall include all confidential Aids, Communicable Disease, HIV-related, Alcohol or Drug related and mental health diagnosis/treatment information. Please be advised SWCWC **cannot** and **does not** certify records provided to us from providers, other than those within our practice, are complete. We cannot guarantee we received the entire contents from the patient's current or previous physicians/practitioners or from the patient.

PLEASE DO NOT SEND RECORDS ON A CD

Release the following medical records. **There is a \$15.00 charge for 15 or more pages.**

Specific Records Requested: _____

___ Labs ___ Pap Smears ___ Pathology ___ Surgery Report ___ Ultrasound ___ Mammography ___ DEXA

Dated From: _____ To: _____

Reason for Release

Moving New Insurance Changing Doctor Consult/2nd Opinion Pregnancy Transfer of Care

Other, please explain: _____

This consent will expire sixty (60) days after the date signed below. I may revoke this authorization at any time providing I notify Southwest Contemporary Women's Care, in writing to that effect. I understand that any release which was made prior to my revocation is in compliance with this authorization and shall not constitute a breach of my rights to confidentiality. I understand that a photocopy of this authorization is considered acceptable in lieu of the original. I hereby release SOUTHWEST CONTEMPORARY WOMEN'S CARE FROM ALL LEGAL RESPONSIBILITY OR LIABILITY THAT MAY ARISE FROM THE ACT I HAVE AUTHORIZED ABOVE.

Signature of Patient or Patient's Legal Representative _____ Date _____

Relationship to Patient _____