Comprehensive Women's Health Services, PLLC 622 Washington Street Watertown, New York 13601 Tele: (315) 788-2003 Fax: (315) 788-7087			Authorization for Release Of Medical Information to Comprehensive Women's
Patient Name Patient Name	/88-/08/ Birth Date	Social Security Number	Health Services  Medical Record Number
		a same a same y r anno e a	Wiedear Record Number
Address			Phone Number
I hereby authorize			
Name and Address of	Person/Organization to which d	isclosure is to be made	
to release personal health information from the medical re	cords of the above named patient	to Comprehensive Women's Health	Services.
For the following purpose:			
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For the following dates of service (must be completed)			
Type of Access Requested	Select Portions	requested	
☐ Copies of Record	☐ Entire Record		
☐ Entire record	☐ View Record Only		= 1.12 1.10g(c)3 110(c)
☐ Current Obstetric Record ☐ All current and past Obstetric	☐ Imaging/Radiolog		
☐ All current and past Obstetric record	☐ History and Physical ☐ Discharge ☐ Operative/Procedure ☐ Other		Summary
Other	D HIV		, 3, 1, 1
	O HIV		
This authorization expires for the dates specified.  I, the undersigned, have read the above a identified above on this form. I understand Women's Health Services or by notifying the information has already been released released and discharged from any liability "Authorization for Release of Medical Info	and authorize Comprehensial that this authorization may the institution that I am reto Comprehensive Women and the undersigned will hormation".	ve Women's Health care Ser y be withdrawn by me at any questing information from, i 's Health Services through the old the practice harmless, for	rvices to receive such information as time by notifying Comprehensive n writing at any time except when his authorization. This practice is r complying with this form,
Date	Signature of Patient/Parent/Guardian/Healthcare Proxy		Relationship/Authority
	Print Na	me	
All fees/charges will comply with all law not be re-disclosed, it may be dispersed would not be covered by Federal regula Standards for privacy of Individually Id	by another entity during tions. Federal Register, d	routine treatment, paymen epartment of health and Hi	t, or operations and therefore.