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 Health Services

Patient Name	Birth Date	Social Security Number	Medical Record Number

Address	Phone Number

I hereby authorize _____

_____
Name and Address of Person/Organization to which disclosure is to be made

to release personal health information from the medical records of the above named patient to Comprehensive Women's Health Services.

For the following purpose: _____

For the following dates of service (must be completed) _____

Type of Access Requested	Select Portions requested
☐ Copies of Record ☐ Entire record ☐ Current Obstetric Record ☐ All current and past Obstetric record ☐ Other _____	☐ Entire Record ☐ View Record Only ☐ Imaging/Radiology ☐ History and Physical ☐ Operative/Procedure ☐ HIV ☐ Labs ☐ MD Orders ☐ Discharge Summary ☐ MD Progress Notes ☐ Consultations ☐ Pathology report ☐ Other _____

This authorization expires _____ or unless specified, 90 days from the date signed below and covers only treatments for the dates specified.

I, the undersigned, have read the above and authorize Comprehensive Women's Health care Services to receive such information as identified above on this form. I understand that this authorization may be withdrawn by me at any time by notifying Comprehensive Women's Health Services or by notifying the institution that I am requesting information from, in writing at any time except when the information has already been released to Comprehensive Women's Health Services through this authorization. This practice is released and discharged from any liability and the undersigned will hold the practice harmless, for complying with this form, "Authorization for Release of Medical Information".

_____ Date

_____ Signature of Patient/Parent/Guardian/Healthcare Proxy

_____ Relationship/Authority

_____ Print Name

All fees/charges will comply with all laws and regulations applicable to release of information. Although information should not be re-disclosed, it may be dispersed by another entity during routine treatment, payment, or operations and therefore, would not be covered by Federal regulations. Federal Register, department of health and Human Services, 45 CFR, Standards for privacy of Individually Identifiable Health Information, Section 164.524.