West Ridge obstetrics & gynecology, LLP

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CONSENT FOR RELEASE OF MEDICAL INFORMATION

Patient Name: _____ DOB: _____

1. I hereby request and authorize West Ridge Obstetrics & Gynecology, LLP to:

   ❑ Release Information TO ❑ Obtain Information FROM

2. Name of Provider / Facility _____
   Address _____
   Telephone _____ Contact Person _____

3. The PURPOSE of this release is: (check all that apply)
   ❑ Moving ❑ Insurance Purpose ❑ Transferring Care ❑ Second Opinion
   ❑ Personal Review ❑ Other (please specify) _____

4. The FOLLOWING Protected Health Information (PHI) may be released: (please check one)

   ❑ I consent to the release of **all medical records** including records, reports or tests concerning alcoholism and/or drug abuse or treatment information, sexually transmitted disease related and/or psychological or psychiatric treatment and HIV. (This release excludes any records transferred to West Ridge from previous care providers).

   ❑ I consent to the release of **all medical records** with the following exceptions. (Specifically describe the information you do not wish to have released) _____
   _____
   _____

   ❑ I consent to the release of **all medical records** relating to the following treatment or condition: _____
   _____

   ❑ I consent to the release of **all medical records** from _____ (date) to _____ (date)

5. **This authorization will automatically expire within one year from the date of signature.** I understand that I have the right to revoke this authorization in writing at any time, except where information has already been released in response to this authorization.

NOTICE TO PATIENT: For permanent records transfer, there is a fee of $.50 per page for copying and administrative costs. This fee will not be charged to you unless the total copying cost exceeds $5.00 and will not exceed a total charge of $25.00. A statement will be mailed to you.

_____ _____
Signature of Patient/ Representative/ or Legal Guardian Date

_____ _____
Witness Date

NOTICE TO RECIPIENT OF RECORDS: This information has been disclosed to you from confidential records that are protected by law. State law prohibits you from making any future disclosures of this information without specific written authorization of the person to whom it pertains, or as otherwise permitted by Federal or State law.