

Midwest OB/GYN & Midwifery

Medical Information Release

In order to comply with HIPPA, we need your permission to release your medical information.

Please circle YES or No:

YES NO To leave medical information on my voice mail or answering machine.

YES NO To leave messages regarding appointments on my voice mail or answering machine

Best Phone # to reach you at: _____

Please list persons that we have permission to speak with about regarding any test results or health information:

Person's Name: _____

Person's Phone Number: _____

Person's Relationship to you: _____

Person's Name: _____

Person's Phone Number: _____

Person's Relationship to you: _____

Your Name (Print) _____

Your Signature _____

Date _____

Please Note: This document will be utilized until we are notified of any changes by you.