



**AUSTIN AREA OBSTETRICS
GYNECOLOGY & FERTILITY**

Consent to Share Confidential Medical Information
To be valid, this form must be filled out COMPLETELY, including what information you are giving us permission to share.

Patient's Legal Name: _____

Birth Date: _____

I HEREBY AUTHORIZE AUSTIN AREA OBGYN TO SHARE:

- Any of my medical/dental information, **including information about:**
 - Sexually transmitted disease (STD) testing and treatment* HIV/AIDS testing and treatment*
 - Mental health diagnoses and treatment* Pregnancy test and prenatal care*
 - Drug and alcohol use history and treatment* Birth control/family planning*
- My lab results (*note: signing this form does NOT mean we will share result of STD or HIV/AIDS tests*)
- My appointment times, dates, and reasons for the visits
- The medications I am taking
- The following information (specify): _____

WITH THE FOLLOWING PEOPLE:

- Full Name: _____ Relationship: _____ Ph # _____
- Full Name: _____ Relationship: _____ Ph # _____
- Full Name: _____ Relationship: _____ Ph # _____
- Full Name: _____ Relationship: _____ Ph # _____

I understand that I may cancel this consent at any time (by Notifying Austin Area OBGYN), but that cancelling it will not affect any information that has already been released.

I understand that I do not have to sign this form, and that I should only sign it if I want my medical provider or my clinic to share my information with someone.

This authorization expires: When I cancel it in writing _____

If no expiration date or event is specified, this authorization will expire one (1) year after the date it is signed.

Signature: _____ Date: _____

Relationship to minor patient (if parent or legal guardian): _____*
If you are not the minor patient's parent, you must give us proof of guardianship (for example, a court order or power of attorney)

Witness: _____ Date: _____

A minor patient's signature is **required for us to share information about care for: (1) conditions relating to the minor's sexuality including, but not limited to: family planning and sexually transmitted diseases (age 14 and above); (2) alcoholism and/or drug abuse (age 13 and above); and (3) mental health conditions (age 13 and above).*