



Alliance For Women's Health, Inc.

310 South Cable Rd.,
Lima, Ohio 45805
419-228-1000

NAME

Address

City, State Zip



MAIN OFFICE:

310 South Cable Road
Lima, Ohio 45805
(419) 228-1000
FAX (419) 227-3085
1-800-27-CHUNG
alliance4womenshealth.com

SATELLITE OFFICE:

510 East Spring Street
St. Marys, Ohio 45885

Urogynecologist

Maurice Chung, RPh, MD,
FACOG, FPMRS, ACGE, FACS

DOUBLE BOARD CERTIFIED

Obstetrician/Gynecologist
Female Pelvic Medicine &
Reconstructive Surgery

Certified Nurse Practitioner

Jackie Shriver, CNP

Services

Advanced Laparoendoscopic Surgery
• Robotic and Vaginal Surgery
• Endometriosis
• Abnormal Uterine Bleeding
• Hysterectomy
• Fibroid

Urogynecology

• Overactive Bladder
• Interstitial Cystitis
• Chronic Pelvic Pain
• Menstrual Pain Disorder
• Painful Sex Disorder
• Pelvic Organ Prolapse
• Urinary Incontinence
• Cystoscopy

Women's Healthcare

• Adolescent Healthcare
• Well Woman Exams
• Contraceptive Care
• STD Screening, Treatment & Follow Up

Infertility

• Ovulation Induction
• Artificial Insemination
• Insulin Resistance
• Polycystic Ovarian Syndrome

Menopause/Hormonal Management

Menstrual Problems

Advanced In-Office Procedures

• Endometrial Ablation
• Essure (Sterilization)
• Hysteroscopy

AIUM Certified in Ultrasound

Dear Patient,

I will be leaving the Lima area after 30 years and will begin a new chapter in Canton, Ohio. It has been a dream of mine to open a clinic where I can focus on treating pelvic pain and other conditions related to pelvic pain and bladder control issues.

I will be working as the Director of the Mercy Regional Center for Endometriosis, Pelvic Pain and Urogynecology.

My new office address starting November 1, 2018 is:

MERCY MEDICAL CENTER
1330 Mercy Drive NW Suite 502
Canton, Ohio 44718
330-489-1379

(If you map this it is 162 miles or a 2 ½ hour drive.)

If you want to continue your healthcare with me – please complete and return the records release form on the back of this letter to:

___ 310 South Cable Rd., Lima, OH 45805 ___ Fax 419-227-3085

Before October 31, 2018

Jackie Shriver, CNP my nurse practitioner will be staying in the area to continue her care for all of her loyal patients from over the past 27 years.

Jackie will be starting her new office location October 15, 2018:

GRAND LAKE OB/GYN
1067 Hager Street
St. Marys, Ohio 45885
419-394-7314

Please complete the records release form on the back of this letter to continue care with Jackie Shriver, CNP in her St. Marys office return the records release form on the back of this letter to:

___ 310 South Cable Rd., Lima, OH 45805 ___ Fax 419-227-3085

Before October 31, 2018

If you choose to seek healthcare with another provider – please complete the records release form on the back of this letter and return to our office. We can call or email you when your records are ready to be picked up at our office located at 310 South Cable Rd., Lima, Ohio 45805 until October 31, 2018.

It has been our pleasure caring for you over these past several years and we wish all of you good health and happiness.

Kind Regards,

Maurice K. Chung, MD
Jackie S. Shriver, CNP

(over for Records Release Form)



310 South Cable Rd., Lima, Ohio 45805 419-228-1000

PATIENT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Date of Request ____ / ____ / ____

Patient Name _____ Date of Birth ____/____/____ Last 4 digit SS# _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

I hereby authorize Alliance for Women’s Health, Inc. its affiliates, medical staff, employees and their representatives to release my protected health information to the following Provider:

___ Maurice Chung MD Mercy Medical Center ___ Jackie Shriver, CNP Grand Lake OB/GYN

___ Other Health Care Provider

Name: _____ Fax No. _____

___ I will pick up my requested records after the office emails me they are ready – my email address is:

Please provide: ___ All Electronic Records or ___ Pap and Mammograms from last 3 years

 ___ Specific item only (please list) _____

****Depending on your request, it can take 2 – 3 weeks to process records – though most request are fulfilled sooner.**

We would like to have all records requests received on or prior to October 1, 2018 – and all requested records picked up prior to October 31, 2018

This authorization will remain in effect for 6 months from the date of my signature below unless I revoke this request in writing at any time revoked by the patient, legal guardian, power of attorney, or healthcare surrogate. I understand that I have the right to revoke this authorization at any time. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that once the information is disclosed, it may be re-disclosed by the recipient and the information may not be protected under federal privacy laws or regulations. I understand that AFWHinc. will not re-disclose any information contained in this authorization at any point and time with the exception of continuity of care for a condition begin co-managed or referrals from another provider. A copy of this authorization may be utilized with the same effectiveness as an original. I am entitled to receive a copy of this authorization.

Signature of Patient/Guardian/ Healthcare Surrogate

Date

Printed Name

Relationship to Patient