

Gallatin Women's Center, PC
Consent for Release of Medication History

Dear Patient:

To continue to provide the highest standard in quality of care, Gallatin Women's Center has converted our practice to an electronic medical record system.

One of the features of this new system is the ability to obtain a medication history on each patient. This allows us to use this information as part of the treatment process and to ensure the best possible care we can provide to our patients.

We ask that each patient sign consent so that we may utilize this valuable tool to coordinate your care.

Thank you for trusting us with your healthcare needs.

I hereby authorize the physicians of Gallatin Women's Center, PC to obtain my medical history as a part of my electronic medical record.

I hereby acknowledge that this consent is truly voluntary. I understand with certain exceptions, I have the right to revoke this authorization in writing at any time.

Print Patient Name: _____ Date of Birth: _____

Signature of Patient or Guardian: _____

Date: _____