



PATIENT INFORMATION:

Name: _____ **Date of Birth:** _____

Address: _____
Street _____ Apt #/ Suite _____
City _____ State _____ Zip _____ County _____

Phone Number: _____

I do hereby authorize: Greensboro OB/GYN Associates **Phone Number:** (336) 854-8800

Facility Address: 510 Elam Avenue, Suite 101, Greensboro, NC 27403

To Release (Please check all that apply):

- | | | |
|--------------|----------------------------------|-------------------------|
| Pap Smear | Lab Reports (specify, if needed) | Specific Date(s): _____ |
| Mammogram | Pathology | Other: _____ |
| Office Notes | Bone Density | Entire Record |
| Last 3 Years | Hospital Records | |

I do _____
I do not _____
Authorize release of information related to AIDS (acquired immunodeficiency syndrome) or HIV (human immunodeficiency virus) infection, sexually transmitted disease(s), psychiatric care and/or psychological assessment and/or treatment for alcohol and/or drug abuse.

Send Records to: _____
Name of Facility _____
Street _____ Apt #/ Suite _____
City _____ State _____ Zip _____ County _____

Purpose of Disclosure:

- | | | |
|------------------------|-----------------------|--------------------|
| Referral to specialist | Insurance | Legal Issue |
| Disability | Personal | Change of Provider |
| PCP/Internist | Worker's Compensation | |
| Other: _____ | | |

I do hereby authorize disclosure of the health information for the above named patient. The authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with a written notification, but it will not affect any information released prior to cancellation. I understand that the information used or disclosure may be subject to re-disclosure by the person or facility receiving it and would then no longer be protected by this release. I understand the medical provider to whom this authorization is furnished may not condition its treatment on me on whether or not I sign the authorization.

Signature

Date

Witness Signature (office use)

Date