

### AUTHORIZATION TO RELEASE LABORATORY RESULTS

Name \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ Chart # \_\_\_\_\_

I request and authorize **Williamson Gynecology** to release results of the patient named above to the following person/people:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(Please read the following statements and check ALL that apply):**

- I DO NOT give permission for any lab results to be left with ANY family member.
- I DO NOT give permission for any lab results to be left on a message for ANY of my numbers.
- I DO give permission for lab results to be left on a message for the following number(s):

**(Write in ONLY the numbers for which it is OK to leave a message.)**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date Signed \_\_\_\_\_