

SUNFLOWERS WOMEN’S HEALTH CARE

310 N Wilmot Rd Suited 208

Tucson, AZ 85711

INFORMATION RELEASE AUTHORIZATION

I, _____ (patient name) authorize Sunflower Women’s Health Care to release the following information:

Please Check

- 1. _____ Appointment Times
- 2. _____ Test Results
- 3. _____ Financial/Insurance Information
- 4. _____ All Information

To the following person or persons:

Patient Signature

Date

Sunflower Representative Witness

Sunflower Women's Health Care
310 N. Wilmot, Suite 208
Tucson, Arizona 85711
520-547-5692

AUTORIZACION PARA DIVULGAR/COMPARTIR INFORMACION

Yo, _____ (nombre de paciente), doy permiso a Sunflower Women's Health Care que compartan la siguiente información:

Favor de Marcar

1. _____ Horario de citas
2. _____ Resultados de análisis
3. _____ Información financiera/de seguro
4. _____ Toda información

A la siguiente persona o personas:

Firma del paciente

Fecha

Firma del testigo/representante de Sunflower