

Associates in Women's Health P.A.



Associates In Women's Health, P.A. Record Release

Patient Information:

First Name: _____ Last Name: _____ Middle Initial: _____
Address: _____ State: _____ Zip: _____
Date of Birth: _____ Social Security #: _____

Who has the records you would like released:

Clinic Name: _____ Provider Name: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____ Fax #: _____

To whom should the information be sent:

Clinic Name: _____ Provider Name: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____ Fax #: _____

Information to be disclosed:

Medical record release records concerning: _____
(Specific diagnosis or treatments and dates of service)
 Entire Chart Office Notes Lab Tests Ob Records
 Mental Health Records Immunizations Other _____

How/When do you want the records sent:

I need by: _____ Will pick up Please Fax Please Mail

Revocation: Release remains in effect for 1 year.

Reason for release:

Insurance Change Consult/2nd opinion Insurance claim Disability Legal
 Insurance appeal Personal Moving Other _____

Authorization:

Signature: _____ Date: _____

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at Associates In Women's Health, P.A. 6517 Drew Ave Edina, Mn 55435.

I understand that the revocation of this authorization is not effective to the extent that AWH has relied upon it for use or disclosure of the PHI prior to receiving my written revocation notice.

I understand that any PHI disclosed pursuant to this authorization to an individual or entity that is not covered by the state and federal privacy laws and regulations may be subject to re-disclose by the recipient and may no longer be protected by federal or state law.

I acknowledge that AWH will not condition my treatment or payment on whether I sign this authorization, unless: (a) the treatment being provided is research-related and the PHI is to be used for the research or (b) the health care AWH is providing is being provided solely for the purpose of providing the PHI to a third-party.

6517 Drew Ave
Edina, Mn 55435

825 Nicollet Mall, Ste 853
Minneapolis, MN 55402

