



WOMEN'S HEALTH CARE ASSOCIATES

2003 Medical Parkway Suite 300 | Annapolis, MD 21401

p 410.266.6035 f 410.266.9284

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

First Name:	Middle:	Last:
Social Security#:	Date of Birth:	e-mail:

I AUTHORIZE WOMENS HEALTH CARE ASSOCIATES, P.A. TO TAKE THE FOLLOWING ACTION:

Send my medical records to: **OR** Obtain my medical records from:

Name:			
Address:		City:	State: Zip:
Phone:	email:	Fax:	

SELECT ONE OR MORE OF THE FOLLOWING:

Include all medical records: DO release HIV/AIDS and/or sexual transmitted disease-related and/or psychological or psychiatric treatment and/or drug/alcohol abuse or treatment information, if applicable. I understand that this dual release inclusive of sensitive medical information, including HIV.

Include all medical records, with the exception of the following selected items:

Send/obtain only the following items:

I **am not** transferring my care to this physician/facility.

I am leaving Womens Health Care Associates, P.A. and transferring my care to this physician/facility.

MY REASON FOR LEAVING THE PRACTICE:

Moving Insurance Change Other *Please Specify:*

**I understand that my consent to release/obtain information will expire in one (1) year.
I understand that I may withdraw this consent in writing at any time.**

_____ Signature of Patient/Parent or Legal Guardian	_____ Date
_____ Relationship	_____ Witness

For permanent records transfer, there is a fee of \$20.09 + \$0.73 per page and postage for copying and administrative costs. A statement will be mailed to you prior to the release of your records. To Whom It May Concern: This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure is in violation of state law and may result in a fine or jail sentence or both. A general authorization for the release of medical and/or other information is not sufficient authorization for further disclosure.