



About Women By Women, PC
 Obstetrics · Gynecology · Infertility

30 Washington St, Wellesley, MA 02481
 111 Norfolk St, Walpole, MA 02081
 Tel: (781) 263-0033
 Fax: (781) 263-0098

Authorization for Disclosure of Health Information

Patient Name: _____ Date of Birth: _____

Address: _____

Purpose of Release (check all that apply):

- Insurance / Disability Leaving AWBW Personal Going to a Specialist _____

Who has the records now?

Practice Name / Hospital Name / Physician's Name

Street Address

City, ST Zip

Phone

Fax

Where are the records going?

Practice / Hospital Name / Physician's Name

Street Address

City, ST Zip

Phone

Fax

Information to be released (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Office notes | <input type="checkbox"/> Radiology reports | <input type="checkbox"/> Surgical reports |
| <input type="checkbox"/> Medication records | <input type="checkbox"/> Lab reports | <input type="checkbox"/> HIV test results |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Allergies | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Other: _____ | | |

By signing this authorization, I understand that:

- ✓ Except in the case of insurance and disability claims, there is a \$15.00 administrative fee plus a charge of 35¢ per copied page of my records.
- ✓ As a result of this authorization, the health information disclosed may no longer be protected by the federal privacy standards and my health information may be re-disclosed by others without obtaining my authorization.
- ✓ I have the right to receive a copy of this authorization.
- ✓ I have the right to refuse to sign this authorization and that treatment, payment enrollment in a health plan or eligibility for healthcare benefits is not contingent on my signing this authorization.
- ✓ I have the right to revoke this authorization, except to the extent that the person(s) and/or organization(s) listed above have taken action in reference to this authorization.
- ✓ Once this authorization is completed and returned to our office, processing will normally take 5 to 10 business days.

 Signature of Patient or Legal Representative

 Date

About Women by Women • Medical Records

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