About Women By Women, PC
Obstetrics & Gynecology

30 Washington Street, Wellesley, MA 02481
111 Norfolk Avenue, Walpole, MA 02081
9Hope Avenue, Waltham, MA 02453
233 West Central Street, Natick, MA 01760
978 Worcester Street, Wellesley, MA 02481
Telephone ALL Locations: 781-263-0033
Fax ALL Locations: 781-263-9125

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):

☐ Office notes ☐ Radiology reports ☐ Surgical reports
☐ Medication records ☐ Lab reports ☐ HIV test results
☐ Sexually transmitted diseases ☐ Allergies ☐ Drug abuse

☐ Other: _____

By signing this authorization, I understand that:

- ✓ 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

Medical Records Production Fee: $25.00