CONSENT FOR RELEASE OF MEDICAL INFORMATION TO WGCA FROM ANOTHER ENTITY

I, _____, date of birth _____ SS# _____
Print name

do voluntarily hereby consent to **obtain** my medical records from Dr. _____ located at _____
Provider or Facility Name Street Address

_____ and send them to Women Gynecology and Childbirth Associates at:
City State Zip

Women Gynecology and Childbirth Associates
Attn: Medical Records Department
1815 S. Clinton Avenue, Suite 610
Rochester, New York 14618

A description of the Protected Health Information (PHI) to be released:

[ ] I consent to the disclosure of **all medical records** in the possession of the provider including records, reports or tests concerning alcoholism and/or drug abuse or treatment information, sexually transmitted disease related and/or psychological or psychiatric treatment, symptoms or treatment of AIDS including test results for the presence of HIV or an antibody to HIV. I understand that this serves as a dual release.

[ ] I consent to the disclosure of **all medical records** with the following exceptions. *If you want to limit any records previously mentioned in any way, indicate exactly what you do not want released:* _____
_____
_____

[ ] I consent only to the release/obtainment of the following items: _____
_____
_____

Purpose of release: _____
_____

Please send by this appointment date if applicable so my new provider has an opportunity to review my records. _____

NOTICE TO PATIENT: You may cancel this authorization in writing at any time, except where the release of PHI has already occurred. **This authorization will expire one year from the date of consent.**

_____ _____
Patient or Guardian Signature – *If there is a personal representative a description of the representative's authority is required.* Date

_____ _____
Witness Date

Patient's Current Address_____ Phone (___)_____
Street City State Zip

NOTICE TO RECIPIENT OF RECORDS: This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosures are expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by State or Federal law.