Northwest Women's Clinic
Obstetrics & Gynecology

PERMISSION TO RELEASE MEDICAL RECORDS

1. Patient's Name: _____ Date: _____
2. Date of Birth: _____ Social Security Number:_____

PERMISSION IS HEREBY GRANTED FOR RELEASE OF INFORMATION

FROM: Provider Name: _____
Address: _____
Phone and Fax: _____

TO: Provider Name: _____
Address: _____
Phone and Fax: _____

3. **Reason for transfer of records/care:** _____

4. The following information may be released:
_____ All Records _____ Medical Summary _____ Lab Data
_____ Prenatal Labs/Records _____ Op Reports/Dates _____ X-Ray/Ultrasound Reports
_____ Other _____

5. For the following date of service: From _____ Through _____

6. I would like my records delivered by: **FAX _____ MAIL_____**

7. **SIGNATURE:_____ DATE:_____**

8. **Duration:** Release expires one year from date signed.
9. **Revocation:** I understand that I may revoke this authorization in writing at anytime.
10. **Re-disclosure:** I understand that the information disclosed to *Northwest Women's Clinic* may be subject to re-disclosure and no longer be protected under federal law. However I understand that federal law may restrict disclosure of drug/alcohol diagnosis, treatment or referral information, mental health information and genetic testing information.
11. **Conditions:** *Northwest Women's Clinic* may not base your treatment, payment, enrollment or eligibility for benefits on your providing protected health information from your previous health care provider.

I recognize that the information disclosed may contain Mental Health, Drug, or Alcohol information protected by federal and state law. I specifically consent to release of such information.

_____ _____
(Signature) (Date)

I recognize that the information disclosed may contain information regarding Sexually Transmitted Disease, HIV/AIDS Tests, or Genetic Testing Information. I specifically consent to disclosure of such information.

_____ _____
(Signature) (Date)

2222 N.W. Lovejoy, Suite 619 Portland, OR 97210 (503) 416-9922 Fax (503) 416-9971
11750 SW Barnes Road, Suite 300 Portland, OR 97225 (503) 416-9922 Fax (503) 416-9971