Clarksville OB-GYN
Dedicated to Women's Health

AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION

Patient's Name:	Date of Birth:
SSN:	Patient Phone#:

I AUTHORIZE THE USE & DISCLOSURE OF INFORMATION FOR THE FOLLOWING REASONS:

- ☐ Consult/Second Opinion ☐ Selecting New Physician
- ☐ Relocating Out of Town ☐ Personal
- ☐ Other _____

I AUTHORIZE THE USE & DISCLOSURE OF THE FOLLOWING INDICATED MEDICAL INFORMATION. (Fees may apply)

I understand there may be a fee for obtaining a copy of my medical information. It is my desire that only the following information below be used and disclosed as a result of this authorization:

- ☐ **Complete Medical Chart-** Includes any electronic medical record and/or paper documentation for the patient.
- ☐ **Specific Medical Record Content-(list items needed)**_____

OBTAIN COPIES OF RECORDS FROM:

Facility/Physician:_____

_____

Address:_____

_____

Phone:_____

Fax:_____

RELEASE COPIES OF RECORDS TO:

Patient/Facility/Physician:_____

_____

Address:_____

_____

Phone:_____

Fax:_____

PLEASE ALLOW UP TO 14 BUSINESS DAYS FOR RECORDS TO BE COMPLETED

***I understand my medical record may contain specific health information deemed highly confidential by State and Federal laws that specifically need my additional authorization for disclosure.**

PLEASE READ CAREFULLY! By initialing this statement, I do **NOT** authorize additional confidential information below to be released in association with this authorization. **PLEASE INITIAL ONLY IF YOU DO NOT WANT THAT INFORMATION RELEASED!** _____

☐ Alcohol & drug abuse records ☐ Records of domestic abuse, sexual assault or child abuse

☐ Sexually transmitted diseases/AIDS/HIV ☐ Psychological or psychiatric conditions

PATIENT NAME (PRINT): _____ **DATE:** _____

PATIENT OR PERSONAL REPRESENTATIVE SIGNATURE: _____

RELATIONSHIP IF OTHER THAN PATIENT: _____

I understand that I may revoke this authorization at any time and that unless an earlier date is specified; it will automatically expire 12 months after the date affixed. A copy of this authorization may be utilized with the same effectiveness as an original.