

## Authorization for Release of Information

Patient's: Name:	Date:	
Social Security Number:		<del></del>
Date of Birth:		
Address:		
Telephone Number:		
		4 T77-11 T-6 A 4 4 5-11
I, undersigned, hereby consent to, and AGREE to release to and		
	orrdborbvb	to recave nom.
Name:		
Address:		<del></del>
Telephone:	, for the period of	through n information (HIPAA), substance abuse
my confidential medical records, which information or HIV-related information	n may include protected health n.	n information (HIPAA), substance abuse
The information to be released and/or	received should include:	
Medical History and In		Imaging Reports
Immunization Records		Prenatal Records
Substance Abuse/Ment	al History	Laboratory Results/Reports
Billing Information		Transfer/Termination/DischargeALL OF THE ABOVE
Sexually transmitted di	seases, including HIV	ALL OF THE ABOVE
notification to the releasing person/age that Crossroads ObGyn and Wellness I authorization was obtained as a conditi contest the claim. I further acknowledg protected health information could pos Practices of Crossroads ObGyn and W disclosure of my protected health inforwill no longer be protected by Federal to confidentiality with respect to the in	ncy. I understand that my revo PA has already taken action in on of obtaining insurance cov that even if I revoke this aut sibly still be required as indica ellness, that I have received ar mation may be accomplished Privacy Rule. I acknowledge formation or records released ss PA and its staff from any ar	erage and the insurer has the legal right to horization, the use and disclosure of my ated in the copy of the Notice of Privacy and reviewed. I acknowledge that the re- by the authorized recipient(s) and that it and understand that I am waiving my right pursuant to this consent and I hereby and all liability arising from the release and
I acknowledge that I have read this autits terms and implications. I freely, voluntarily and without any coauthorization.		nation in its entirety and I fully understand
Patient/Guardian Name:	Signature	:
Date:		