

The Urogynecology Center, LLC
AUTHORIZATION FOR USE/DISCLOSURE OF INFORMATION

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I hereby authorize:

(Person or facility)

To disclose my health information to: **The Urogynecology Center, LLC**

(Person or facility)

Information to be disclosed is to include these dates: _____

Information to be disclosed: _____

Information listed below will **NOT** be routinely disclosed unless initialed for authorization:

_____ Alcohol/Drug Abuse Treatment records	_____ Mental Health
_____ Abortion information	_____ STD's
_____ AIDS	_____ HIV

(If ALL information were to be disclosed, it could include the following: Notes by physician, physical therapy, dietary, etc.; phone messages, test and imaging results; medical history; referrals, correspondence and copies of complete health forms.)

I understand that once the uses/disclosures have been made as permitted by this form, the records/information may be subject to re-disclosure and no longer protected by federal privacy regulations. I understand that I may refuse to sign this authorization and that will not affect my ability to obtain treatment. I understand that I may revoke this authorization at any time by delivering in writing a revocation to The Urogynecology Center, but if I do, it will not have any effect on actions The Urogynecology Center took in reliance on this authorization prior to receiving the revocation. I authorize the use/disclosure of the records/information described above.

Specify the date or condition upon which this consent expires: _____
(Not to exceed one year)

_____ Patient's Signature	_____ Patient's Name Printed	_____ Date
_____ Street Address	_____ City	_____ Zip
_____ Phone Number	_____ Date of Birth	
_____ Signature of Parent, Guardian or Authorized Representative	_____ Printed Name	_____ Date

Description of Legal Representative's Authority to act for the Patient

***** **PREPAYMENT OF CHARGES FOR DUPLICATION OF RECORDS IS REQUIRED** *****

Please allow 10-15 days processing.

No charges if records are sent to a healthcare provider.

Charges \$ _____ Date released ____/____/____ Reviewed by: _____