

Premier Women's Health

RELEASE OF MEDICAL RECORDS REQUEST

Authorization of Disclosure of Protected Health Information
By Another Covered Entity for Use by Premier Women's Health

Information to be used or Disclosed

Information to be obtained under this authorization includes: (list specific records requested or state "ALL MEDICAL RECORDS")

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:
Continuing Medical Care

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by: (*list whom you are requesting records from*)

Persons to whom Information may be Disclosed

Information described above may be disclosed to:

PREMIER WOMEN'S HEALTH, LTD.
301 Ohio River Boulevard, Suite 301
Sewickley, PA 15143
Via Mail or Fax (412) 741-9274

Expiration Date of Authorization

This authorization is effective through ___/___/___ unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Premier Women's Health. You should contact the Privacy Officer to terminate this authorization.

Potential for Re-release

Information that is disclosed under this authorization may be re-released. The privacy of this information may not be protected under the federal privacy regulations.

Rights of the Individual

You may inspect or request a copy of information that is used or disclosed under this authorization. You may refuse to sign this authorization.

Print name of patient

Date of Birth

Signature of patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient