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CONSENT TO RELEASE / OBTAIN MEDICAL RECORDS

DATE _____

Patient: FIRST _____ LAST _____

Date of Birth _____ Social Security Number _____

I hereby authorize Four Corners OB-GYN to: **(CHECK ONE)**

_____ To RELEASE copies of my medical records to: _____ To RECEIVE copies of my medical records from:

Name/Business _____

Address _____

Phone _____ Fax _____

I understand that if the recipient authorized to receive the information is not a covered entity, e.g. insurance company or non-health care provider, the released information may no longer be protected by federal and state privacy regulations. The following information is requested and may be released:

- | | |
|--|--|
| <input type="checkbox"/> ALL RECORDS | <input type="checkbox"/> Lab Results Only
(indicate date range) _____ |
| <input type="checkbox"/> Pap Smear and Exam Notes
(indicate date range) _____ | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> OB Records Only
(indicate date range) _____ | <input type="checkbox"/> Other _____ |

By checking ALL RECORDS, I hereby give my express consent to release all medical records regarding my treatment, including genetic information and testing, family history, psychological treatment, drug abuse, alcohol use, human immunodeficiency virus (HIV) infection including acquired immunodeficiency syndrome (AIDS) or test for HIV, or sexually transmitted diseases.

***PLEASE SPECIFY** description of purpose of the use and/or disclosure:

I understand that this authorization will expire by law 180 days from the date of this authorization unless I otherwise specify. I further understand that I may revoke this authorization at any time by notifying Four Corner's OB-GYN in writing. I also understand that the written revocation must be signed and dated with a date that is later than the date on this Authorization. The revocation will not affect any actions taken before receipt of the written revocation. I understand that copies of records are subject to a \$25.00 minimum fee.

 (Signature of Patient or Representative)

____/____/_____
 Date