Women's Health Specialists, S.C.
THE FOX VALLEY OB/GYN PHYSICIANS™

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Name of Patient	______/______/______ Date of Birth
Street Address	City, State, Zip Code
I hereby authorize:	**To disclose my protected health information, as described below, to:**
Name	Name of Individual or Entity
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code

Information to be released:

Medical History	Treatment/Tests	Laboratory Reports
Office Notes/Examination Reports	Ultrasound Reports	Sexually Transmitted Disease Results
Consultations	Hospital/Surgical Reports	HIV Test Results

Other: ____

*A listing of the statutory exceptions to release HIV test results without consent is available)

Purpose for need of disclosure:

Further Medical Care/Changing Doctors	Payment of Insurance Claim	Legal Investigation
Second Opinion	Application for Insurance	Disability Determination
At the Request of the Individual	Other: ________________________	

I understand that the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information might be re-disclosed without my authorization.

I understand that I have the right to:

- **Receive a Copy of This Authorization.**
- **Refuse to Sign This Authorization**; and that treatment, payment, enrollment in a health plan or eligibility for health care benefits may not be contingent on my signing this authorization.
- **Revoke This Authorization**, except to the extent that the person(s) and/or organization(s) listed above have already made in reference to this authorization.

This authorization will remain in effect until the following date(s): ___________________, or event: ________________

Note: If this item is left blank, the authorization will expire in one (1) year from the date signed

____ ______/______/_____

Signature of Patient (or Legal Representative) **Date**

No signature stamps or electronic signatures accepted

www.FoxValleyOBGYN.com

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Connie Masak, APNP | Wanda Vander Wyst, PA-C

Consultant in Perinatology – C.Danae Steele, MD, PhD

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