Women's Clinic of Johnson County

Michelle M. Lentell, M.D.
Brenda J. Lofton, M.D.
Cheryl Z. Rips, M.D.
Sharla Brown Shipman, M.D.
Phaedra A. Lombard, M.D.
Jessie D. Holmes, M.D.
Cynthia A. Eckert, M.D.
Carrie A. Grounds, M.D.
Sharon L. Maturo, M.D.
Amanda N. Healy, M.D.
Glenna Quist, R.N., A.R.N.P.
Elizabeth Kearney, R.N., A.R.N.P.

PATIENT AUTHORIZATION TO RELEASE OR OBTAIN MEDICAL RECORDS

Patient name:		Date of Birth:
Street 1:		Social Security Number:
Street 2:		
City:	State:	Zipcode:
Phone number:		

I hereby authorize Women's Clinic of Johnson County and its duly authorized agents and employees to:

☐ Release to **OR** ☐ Obtain from		
Name:		
Street 1:		
Street 2:		
City:	State:	Zipcode:
Phone number:		

I authorize the disclosure of the following types of records, created from _____ to _____

- ☐ Medication Sheet
- ☐ History and Physical
- ☐ Consultation
- ☐ Clinic Notes
- ☐ Entire Medical Record
- ☐ Other (Specify): _____

Some medical records may contain extremely confidential information. I **do consent** to the release of the following (if left blank, authorization to release is not assumed):

- ☐ Information relating to drug and alcohol abuse _____ (initials)
- ☐ Information relating to mental health conditions _____ (initials)
- ☐ Information relating to HIV testing, infection status, or care and treatment for AIDS _____ (initials)

Reason for requesting information: _____

I also understand this consent/authorization may be revoked at any time, except to the extent already acted upon. This consent will expire in 90 days from the date given below.

Patient signature: _____ Date: _____

Authorized representative: _____ Date: _____

(If other than the patient)

Relationship to patient: _____

This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to crimnally investigate or prosecute any alcohol or drug abuse patient (42 U.S.C. 4582).