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# AUTHORIZATION TO RELEASE MEDICAL INFORMATION



**Desert Women's Care**  
8711 East Pinnacle Peak Road, PMB #218  
Scottsdale, Arizona 85255  
PHONE (480) 559 - 4776 FAX (866) 526 - 7086

PATIENT'S LAST NAME (PLEASE PRINT)		FIRST NAME	MIDDLE INITIAL	Social Security Number / VISA Number
STREET ADDRESS				BIRTHDATE
CITY	STATE	ZIP		PHONE #

**PURPOSE OF REQUEST:**

PERSONAL USE

CONTINUED MEDICAL CARE

LEGAL REASONS

INSURANCE

OTHER \_\_\_\_\_

**PLEASE CHOOSE ONE**

I REQUEST DWC TO RELEASE MY MEDICAL RECORD TO the following:

I REQUEST DWC TO RECEIVE MY MEDICAL RECORDS FROM the following:

**Important:** If requesting records for yourself, write SELF in the NAME space below.

NAME (PLEASE PRINT)	PHONE #
STREET ADDRESS	FAX #
CITY STATE ZIP	NOTE: AUTHORIZATION WILL NOT BE PROCESSED WITHOUT COMPLETE ADDRESS OR FAX #.

MAIL

PICK UP

FAX Medical Emergencies ONLY

Lab Reports \_\_\_\_\_  
Dates

X-ray Reports \_\_\_\_\_  
Dates

Clinician Notes \_\_\_\_\_  
Dates

Complete Medical Record  OTHER \_\_\_\_\_  Exclude? \_\_\_\_\_

*Unless specifically excluded, this authorization includes:*

- CONFIDENTIAL HIV-RELATED INFORMATION
- CONFIDENTIAL COMMUNICABLE DISEASE-RELATED INFORMATION
- CONFIDENTIAL ALCOHOL OR DRUG ABUSE-RELATED INFORMATION
- MENTAL HEALTH DIAGNOSIS/TREATMENT INFORMATION

**THIS AUTHORIZATION WILL EXPIRE AUTOMATICALLY SIX MONTHS FROM THE DATE IT IS SIGNED. I UNDERSTAND I MAY REVOKE THIS AUTHORIZATION AT ANY TIME BY GIVING Desert Women's Care WRITTEN NOTICE. MY CANCELLATION WILL TAKE PLACE WHEN MEDICAL RECORDS RECEIVES MY WRITTEN NOTICE, BUT WILL NOT AFFECT INFORMATION PREVIOUSLY RELEASED. IF I HAVE QUESTIONS ABOUT DISCLOSURE OF MY HEALTH INFORMATION, I CAN CONTACT THE MEDICAL RECORDS MANAGER**

**Important:** This information is subject to re-disclosure.

SIGNATURE OF PATIENT	DATE
SIGNATURE OF WITNESS	DATE

COPIED BY \_\_\_\_\_ ON \_\_\_\_\_ # of PAGES \_\_\_\_\_ FAXED BY \_\_\_\_\_ ON \_\_\_\_\_

**Desert Women's Care  
MEDICAL RECORD  
COPYING FEES**

**COPIES TO PATIENT**

**1<sup>st</sup> 20 pages: \$40.00**  
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**COPIES TO CLINICIAN FOR CONTINUING CARE**

**NO FEE**

**COPIES TO ATTORNEY OR INSURANCE COMPANIES**

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