

HARMONY WOMEN'S HEALTHCARE

Jenifer Broderick-Thomas, MD

MEDICAL AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

By State Law you must be advised that:

The information you authorized for release may include information that should be considered information about communicable diseases, which include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

Patient: _____ DOB: ____/____/____

Date Requested: ____/____/____

PLEASE ALLOW UP TO 30 DAYS FOR RECORDS TO BE RELEASED.

I hereby authorize:
HARMONY WOMEN'S HEALTHCARE
JENIFER BRODERICK-THOMAS, MD
6300 WEST PARKER RD SUITE 423
PLANO, TX 75093
Phone (972) 981-8930
Fax (972) 981-8931

This information to be released to:
Doctor/Clinic: _____
Address: _____
Phone #: (____) _____
Fax #: (____) _____

Release the following health record(s) information of the above Named patient, covering the date(s) indicate for the following purposes:

- Insurance
- My doctor's use
- Referral of care to Dr. _____
- Transfer of care
- REASON FOR TRANSFER:** _____
- _____
- _____
- Other: _____

The information to be released is:

- | | |
|--------------------------|--------------------|
| Pap smear/biopsy results | Lab/Pathology |
| Operative Report(s) | X-Ray Report(s) |
| Prenatal Records | Consultation |
| History & Physical Exam | AIDS/HIV Results |
| Other: _____ | All RECORDS |

I understand this consent can be revoked at any time except that disclosure made in good faith has already occurred in reliance on this consent. Without prior revocation this authorization will automatically expire one year from this date. I am also informed that health records will be released to the person(s) or organization(s) named above, to those persons or organizations I have authorized by other releases granted and to persons or organizations authorized by law.

Date: ____/____/____ Patient Signature: _____

Person Authorized to sign for patient: _____
Reason unable to sign: _____