



CORNERSTONE

WOMEN'S CARE

PATIENT RECORDS RELEASE AUTHORIZATION

I hereby authorize _____ to disclose my identifiable health information as described below, which may include information concerning communicable diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), mental illness, (except for psychotherapy notes) chemical or alcohol dependency, laboratory test results, medical history, treatment or any other such related information.

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

Print Patient Name _____ Date of Birth _____ Social Security # _____

DESCRIPTION OF INFORMATION TO BE RELEASED—

Paps Mammograms Labs Surgeries Ultrasounds Other

If greater than 15 pages, do NOT fax, please send via USPS mail

DESCRIPTION OF PURPOSE OF THE USE AND/OR DISCLOSURE: _____

THE HEALTH INFORMATION DESCRIBED HEREIN SHALL BE RELEASED TO—

Hospital Physician Insurance Company Attorney Patient Other _____

Name _____ Address _____ City/State/Zip _____

Fax _____

I understand that this authorization will expire by law 180 days from the date of this authorization unless I otherwise specify. I desire this authorization to be in effect until _____.
Expiration event date

I understand that I may revoke this authorization at any time by notifying my physician or Accu-Copy Service at 11036 North 23rd Ave, Phoenix, AZ 85029 in writing. I also understand that the written revocation must be signed and dated with a date that is later than the date of this authorization. The revocation will not affect any actions taken before the receipt of the written revocation.

IT IS FURTHER UNDERSTOOD THAT THERE MAY BE A FEE FOR OBTAINING THESE RECORDS

Signature of Patient or Legal Guardian _____ Date _____

If other than patient, print name here, relationship to Patient, Legal authority (*attach supporting documentation*)