Women's Wellness Center

1705 E. Broadway Suites 300 & 340 Columbia, MO 65201 Ph 573-449-9355 fax 573-441-9355 www.womenswellnessnow.com

Consent to Release Medical Information

I hereby request that the following medical information be transferred

1705 E. Broadway, Suite 300 Columbia, MO 65201-5852 Fax Fax 573-441-9355 Phone Phone 573-449-9355	From:	To:	 Women's Wellness Center 1705 E. Broadway, Suite 300 Columbia, MO 65201-5852 Fax 573-441-9355 	
Columbia, MO 65201-5852 Fax				
Fax 573-441-9355 Phone Phone 573-449-9355 Patient Name (list all names used in past) Social Security No Patient Birth Date Social Security No Patient Address Patient Phone Number(s) I authorize the above doctor/practice to release information contained in my patient records, include as applicable: Information about communicable diseases and infections which may include sexuall transmitted diseases, psychiatric notes, alcohol abuse, drug abuse, HIV test results, and AIDS or A related disease diagnosis, unless otherwise specified here TO All Records Discharge Summary Prenatal Records Operative/Pathology Reports Prenatal Records Discharge Summary Prenatal Records Discharge Summary Prenatal Records Discharge Summary Prenatal Records Discharge Summary Prenatal Records				
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Patient Name (list all names used in past)				
Patient Birth Date Social Security No	1 Hone		Holic 373-447-7333	
Patient Address	Patient Name (list all names used in)			
Patient Address			curity No	
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□ All Records □ Discharge Summary □ Prenatal Records □ Labs □ History and Physical □ Operative/Pathology Reports	as applicable: Information about transmitted diseases, psychiatric	nmunicable diseases and in es, alcohol abuse, drug abus	nfections which may include sexually use, HIV test results, and AIDS or AIDS	
☐ Labs ☐ History and Physical ☐ Operative/Pathology Reports	Information Requested:	Dates of Treatment to be Rele	eased FROMTO	
	☐ All Records	☐ Discharge Summary	☐ Prenatal Records	
☐ Pap Results ☐ Mammogram Results ☐ Clinic Notes	□ Labs	☐ History and Physical	☐ Operative/Pathology Reports	
·	☐ Pap Results	☐ Mammogram Results	☐ Clinic Notes	
☐ Records related to the specific problem of				
Our Patient Privacy Policy is available on our website at www.womenswellnessnow.com or you mequest a copy be mailed to you. I understand that this authorization shall be valid for one year, unless otherwise specified or revoked.	Our Patient Privacy Policy is avarequest a copy be mailed to you.	ole on our website at <u>www.</u>	.womenswellnessnow.com or you may	
me through written notice, and that such revocation would not be effective to the extent that the prehas relied on this authorization for its actions. Signature of Patient Date	me through written notice, and the has relied on this authorization for	such revocation would not b	be effective to the extent that the practice	