



Authorization for Release of Medical Records

Women's Health and Healing maintains your health information as strictly confidential. Your request to release your medical records is voluntary. This authorization may be revoked in writing by you and delivered to WH&H at the address below. The requester of your health information may not lawfully further use or disclose the health information unless another authorization is obtained from you or unless such use or disclosure is specifically requested or permitted by the law.

Patient:

Name

Date of Birth

I authorize my release of medical information from:

Name of Medical Office or Provider

Address

City, State, Zip

Fax number

To send my health information to:

Women's Health and Healing
150 Jordan Ave.
San Anselmo, CA 94960
Phone: (415) 509-2046

The following health information:

- General Medical or Women's Health-related care including results of physical exam and laboratory tests
 Mental Health Services Other: _____

Patient signature

Date

Witness

Date

Date authorization sent: _____