

# OBSTETRICAL & GYNECOLOGICAL ASSOCIATES, P.L.C.

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## REQUEST FOR RELEASE OF MEDICAL INFORMATION

\*\*\* ALL INFORMATION MUST BE CORRECTLY COMPLETED TO AVOID A DELAY \*\*\*

Patient's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*The fee for copying records is \$15.00. There is no charge if the records are being released to another medical provider. Payment must be received prior to the release of records.\*\*\***

THIS WILL AUTHORIZE:

TO RELEASE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL INFORMATION REQUESTED:

\_\_\_\_ Complete Records  
\_\_\_\_ Lab  
\_\_\_\_ X-Ray Reports  
\_\_\_\_ PAP Smear Results  
\_\_\_\_ OB Flow Sheets  
\_\_\_\_ Other:  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR RELEASE:

\_\_\_\_ To Update My Regular Doctor  
\_\_\_\_ Referred To Another Doctor  
\_\_\_\_ Changing Doctors  
\_\_\_\_ Dissatisfaction With Care  
\_\_\_\_ My Insurance Changed  
\_\_\_\_ I Am Moving (New Address)  
\_\_\_\_\_  
\_\_\_\_\_

### SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW

I SPECIFICALLY AUTHORIZE THE RELEASE OF DATA AND INFORMATION RELATING TO:

(You must mark Yes or No)

YES NO

\_\_\_\_

\_\_\_\_

\_\_\_\_

1. Substance Abuse (Alcohol/Drug Abuse)

2. Mental Health/Depression (Includes Psychological Testing)

3. HIV-Related Information (AIDS Related Testing)

This authorization shall expire in 90 days from the date of this signature or \_\_\_\_\_.

The patient has a right to revoke this authorization in writing, except to the extent that action has been taken in reliance on this authorization or, if applicable, during a contestability period. In order for the revocation of this authorization to be effective, OB/GYN Associates, PLC must receive the revocation in writing.

I fully understand and accept the terms of this authorization.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

#### FOR CLINIC USE ONLY

Reviewed and Approved By \_\_\_\_\_

Patient pick date needed \_\_\_\_\_

Date Records were sent \_\_\_\_\_

Faxed \_\_\_\_\_