

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

PATIENT NAME: _____
LAST FIRST MI MAIDEN OR OTHER NAME

DATE OF BIRTH: ____ - ____ - ____ **LAST 4 DIGITS OF SS#:** _____ **TELEPHONE #:** _____
MO DAY YR

I HEREBY AUTHORIZE **PLANNED PARENTHOOD GULF COAST, INC. (PPGC)** ● 4600 Gulf Freeway ● Houston, TX 77023:

To **RELEASE** the specified information below:

To **RECEIVE** the specified information below:

To: _____

From: _____

Office Phone #: _____

Office Phone #: _____

Office Fax #: _____

Office Fax #: _____

OR, if the following statement applies, please select below.

I HEREBY AUTHORIZE PPGC TO RELEASE MY HEALTH INFORMATION TO THE APPROPRIATE LAW ENFORCEMENT AGENCY/AGENCIES INVESTIGATING THE INCIDENT REPORTED TO PPGC ON (DATE OF REPORT): _____

Health information to be disclosed specifically as indicated below [check the appropriate box (es)]:

Entire Medical Record (including HIV/AIDS-related testing and results)

DATES

Progress Notes (including history & physical exam)

Lab Reports (blood work, cultures)

HIV/AIDS-related information (testing and results)

Pap/Biopsy Reports (cytology, histology)

Imaging Reports (x-rays, ultrasound, mammogram)

Mental health (including psychotherapy notes)

Other: _____

CONDITIONS OF AUTHORIZATION

1. This Authorization will expire in one year from the date below.
2. I may revoke this Authorization at any time by notifying PPGC in writing, and it will be effective on the date notified except to the extent that PPGC has already acted upon such Authorization.
3. Information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations.
4. My healthcare and payment for my healthcare will not be affected if I do not sign this Authorization form.
5. I have been offered a copy of this signed Authorization form.
6. The purpose of the Authorization is legal medical care insurance other (please specify): _____

SIGNATURE OF PATIENT _____
DATE **OR** _____
PARENT/LEGAL GUARDIAN/AUTHORIZED PERSON _____
DATE