



Freehold Office
312 Professional View Drive
Freehold, NJ 07728
Phone: (732)431-1616
Fax: (732)866-7962
Web: www.healthywomanobgyn.com

Authorization to Release Health Information

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby authorize Healthy Woman OB/GYN to disclose my health information to:

Self Physician Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The information to be disclosed and used by the above is for the following purpose:

\_\_\_\_\_

For date(s) of service: \_\_\_\_\_ or for time frame from: \_\_\_\_\_ to: \_\_\_\_\_

Office Visits Labs Pathology Complete Record Billing Information

I understand that I have the right to revoke this authorization at any time by sending a written notice to the Office Manager via mail or fax. I understand that this revocation will not apply to the extent that Healthy Woman has already taken action in reliance on this authorization. I understand that the information disclosed may include diagnosis and treatment of a sexually transmitted disease or HIV.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

The administrative fee for retrieving, copying and mailing records are below

- Retrieve and copy current charts \$10.00
Retrieve and copy charts >3 years old \$40.00
Price per copied page \$1.00 per page for first 100 pages
\$0.25 per page 101+
Postage for mailed records up to \$5.00

Total Fee for this Record:
\$ \_\_\_\_\_