INCOMING RECORDS INCOMING RECORDS INCOMING RECORDS

HARMONY WOMEN'S HEALTHCARE

Jenifer Broderick-Thomas, MD

MEDICAL AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

By State Law you must be advised that:

The information you authorized for release may include information that should be considered information about communicable diseases, which include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS)

Syndrome (ABS).		
Patient:	DOB:/	
Date Requested:/		
PLEASE ALLOW UP TO 30 DAY	'S FOR RECORDS TO BE RELEASED.	
I hereby authorize: Doctor/Clinic: Address:	This information to be released t HARMONY WOMEN'S HEALTHCA Jenifer Broderick-Thomas, MD 6300 West Parker RD Suite 423	
Phone #:	Plano, TX 75093 P (972) 981-8930 F (972) 981-89	31
Release the following health record(s) information of the above Named patient, covering the date(s) indicate for the following purposes: Insurance My doctor's use Referral of care to Dr. Transfer of care REASON FOR TRANSFER: Other:	The information to be released is Pap smear/biopsy results Operative Report(s) Prenatal Records History & Physical Exam Other:	Lab/Pathology X-Ray Report(s) Consultation AIDS/HIV Results All RECORDS
I understand this consent can be revoked at any time except that d consent. Without prior revocation this authorization will automatic records will be released to the person(s) or organization(s) named a releases granted and to persons or organizations authorized by law	cally expire one year from this date. above, to those persons or organizati	I am also informed that health
Date:/ Patient Signature: _		
Person Authorized to sign for patient:		

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