## All About Women Health Associates, Inc.

651 Colliers Way, Suite 201 Weirton, WV, 26062

304.723.4700 304.723.4719 (fax)

## Request For Release Of Medical Records

	ovider/Facility:			
Address:Phone:	Fax:			
To release records on				
Patient Name:	SS	5N:	_ DOB:	
Address:		_ Telephone:		
Please Mail/Fax Reco	ords to: All About Wo	men Health Asso	ociates	
	651 Colliers W	ay, Suite 201		
	Weirton, WV,	26062		
Telephone: 304-723-4	4700		Fax: 304-72	3-4719
Reason for Request:				
Information to be disc		Date of service	s from:	to:
Complete 1	Health Record (s)	Discharge S	Summary	
History &	Physical Examination	Consultatio	n Reports	
Progress N		Laboratory		
X-Ray Rep		Other:		
I understand that this	will include informati	on relating to (cl	heck if appli	cable):
Acquired I	mmunodeficiency Syr	idrome (AIDS) o	or infection v	with Human
Immunode	ficiency Virus (HIV)			
Psychiatric	: Care			
Treatment	for Drug or Alcohol a	buse		
This authorization	shall not be valid for greater th	an one year from the da	ate of signature.	
privacy laws. I further unders refusal to sign will not affect n By signing below I represent a protected health information a	stodian of records discloses my tand that this authorization is v y ability to obtain treatment; r and warrant that I have authori and that there are no claims or e the use or disclosure of this pr	voluntary and that I ma receive payment; or elig ity to sign this documen orders pending or in eff	ny refuse to sign the gibility for benefit at and authorize the Tect that would pa	his authorization. My is unless allowed by law. he use or disclosure of
Date Pa	Patient Signature/ Guardian & Relationship			
Date W	itness		<u></u>	

You have the right to revoke this authorization, except to the extent of the custodian of records has relied on it, by sending your written request to: Mary Little - 651 Colliers Way, Suite 201, Weirton, WV, 26062