Physicians for Women
Obstetrics & Gynecology

AUTHORIZATION FOR DISCLOSURE OF MEDICAL RECORDS

1. **I HEREBY AUTHORIZE** Primary Record Site:

   Melius, Schurr & Cardwell
   2955 Triverton Pike Drive
   Madison, WI 53711
   608.227-7007 * 608.227.7027 [f]

2. **TO RELEASE TO**:

   _____
   (Name of Physician/Healthcare Facility)

   _____
   (Street Address)

   _____
   (City, State, Zip Code)

3. **INFORMATION TO BE RELEASED**:

   _____ Time Period _____ to _____
   _____ Time Period _____ to _____
   _____ Time Period _____ to _____

4. **IN COMPLIANCE WITH WISCONSIN STATUTES**, which require special permission to release otherwise privileged information, please release records pertaining to:
   ____ Alcoholism ____ Drug Abuse ____ Mental Health ____ HIV Test Results, Aids or Aids Disease
   ____ Other _____

5. **PURPOSE OR NEED FOR DISCLOSURE**: (check applicable categories)
   ____ Insurance Change ____ Move to New Community ____ Transfer to New MD
   ____ Disability Determination ____ Other _____

I UNDERSTAND THAT THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR UNLESS OTHERWISE STATED BELOW OR REVOKED THROUGH WRITTEN NOTICE TO MEDICAL RECORDS.

6. **PATIENT IDENTIFICATION**

   _____
   (Name)

   _____
   (Maiden Name)

   _____
   (Street Address)

   _____
   (City, State Zip)
   Birth date: _____ / _____ / _____

   _____
   (home phone) (cell phone)

7. **SIGNATURE**

   _____ _____
   Signature of Patient or Legal Guardian Date

   Relationship to Patient _____
   Patient is:
   ___ Minor ___ Incompetent ___ Disabled ___ Deceased
   Legal Authority: ____ Legal Guardian ____ Next of Kin

Person authorized by the patient means the parent, guardian or legal custodian of a minor patient, the guardian of a patient adjudged incompetent, the personal representative or spouse of a deceased patient or any person authorized in writing by the patient. If no spouse survives deceased patient, an adult member of the deceased patient's immediate family may qualify. A court-appointed temporary guardian may also qualify.

A PHOTOCOPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL.