

Women's Care Specialist, P.C.  
2006 Brookwood Medical Center Drive Suite 600  
Birmingham, AL 35209  
Phone: (205)877-2971 EXT 101 Fax: (205)877-2964

Dr. Elizabeth Barron  
Dr. Margot Gathings  
Dr. Karla Kennedy  
Dr. Janet Davis

**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION:**

Please print all information. Form must be signed & dated and completely filled out.

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

Previous Name: \_\_\_\_\_ Social Security# (Last Four): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Purpose of request (who will be authorized to receive information) - I authorize the entity identified here to disclose or provide protected health information, about me to the individual(s) listed below.**

**Medical Information Release From:**

**To Disclose Medical Information to:**

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

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

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

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

City, State, Zip: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

**Description of information to be disclosed- I authorize Women's Care Specialist, P.C. to disclose the following protected health information about me to the entity, person, or identified above:**

Medical Records From: \_\_\_\_\_ to: \_\_\_\_\_

Entire Medical Record:  Other (Please Specify): \_\_\_\_\_

**Purpose of discloser:**

Patient Care:  Transfer:  Other: \_\_\_\_\_

**•We have no control over the person(s) you have listed to receive your PHI. Therefore, your PHI information disclosed under this authorization may no longer be protected by the requirements of the Privacy Rule, and will no longer be the responsibility of the practice.**

**•You have the right to terminate the authorization at any time by submitting a written request to our Privacy Manager. Termination of the authorization will be effective upon written notice, except where a disclosure has already been made based on prior authorization.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expires One Year after it has been signed