



Chart# \_\_\_\_\_

## Authorization to Release Medical Information

I am authorizing the personnel at **Southeast Women's Center** to leave any healthcare related information, including test results with others if I am not available.

\_\_\_\_\_ I authorize that any healthcare related information including test results, can be left with my spouse/significant other. (Name) \_\_\_\_\_

\_\_\_\_\_ I authorize that any healthcare related information including test results can be left on my voice mail.

\_\_\_\_\_ Other: I authorize that healthcare related information including results can be discussed with: (name or place) \_\_\_\_\_

\_\_\_\_\_ I DO NOT AUTHORIZE any personnel at **Southeast Women's Center** to leave any healthcare related information of any kind other than to me personally.

*I may revoke this Authorization at any time. If I revoke this Authorization, I must do so in writing. The procedure for revoking this Authorization is to present my written revocation to Southeast Women's Center.*

Name: \_\_\_\_\_  
(Please Print)

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