



Patient Authorization for Release of Protected Health Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Entity/provider to disclose information:

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

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

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

Information Needed:

All records from \_\_\_\_\_ to \_\_\_\_\_

Specific information: \_\_\_\_\_

Entity/provider to send Information TO:

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

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

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

----- OR one of the following -----

SOUND Obstetrics & Gynecology
40 Temple St., Suite 7A, New Haven, CT 06510
Phone: 203-789-2011 Fax: 203-865-1708

SOUND Obstetrics & Gynecology
135 Goose Lane, Guilford, CT 06437
Phone: 203-453-4450 Fax: 203-458-9063

SOUND Obstetrics & Gynecology
180 Westbrook Rd., Bldg. 7, Essex, CT 06426
Phone: 860-767-0223 Fax: 860-767-8101

SOUND Obstetrics & Gynecology
2 Corporate Drive, Suite 240, Shelton, CT 06484
Phone: 203-242-0524 Fax: 203-225-7676

This authorization will expire in  One year from date on form  or on date: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I have the right to revoke this authorization except to the extent that the practice has already released the information authorized by it. I understand that my revocation must be in writing and submitted to SOUND Obstetrics & Gynecology. I understand that I do not have to sign this authorization in order to receive treatment from SOUND Obstetrics & Gynecology. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be further disclosed by that organization.

Release of Protected Health Information to family members or other persons

Please list the family members or other persons, if any, to whom we may provide protected health information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_ Expires: \_\_\_\_\_