

EIGHTH AVENUE  
OBSTETRICS  
@  
GYNECOLOGY

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RELEASE OF PATIENT INFORMATION

In general, the HIPPA privacy rule gives a patient the right to request all uses and disclosures of their protected health information (PHI). The patient is also provided the right to request confidential communications or that a communication correspondence to the individual's office instead of the individual's home. This information will remain in effect until revoked in writing.

I consent and authorize the release of any **NORMAL** or **ABNORMAL** test results to the following persons and wish to be contacted in the following manner:

Please list name and contact number to those that apply.

- MY SPOUSE \_\_\_\_\_
- MY PARENT(S) \_\_\_\_\_
- MY CHILD(REN) \_\_\_\_\_

Please contact me by:

- Cell Phone \_\_\_\_\_ Ok to leave detailed message **YES** or **NO**
- Home Phone \_\_\_\_\_ Ok to leave detailed message **YES** or **NO**
- Work Phone \_\_\_\_\_ Ok to leave detailed message **YES** or **NO**
- Email \_\_\_\_\_
- E-mail is restricted to conditions and situations that do not require immediate attention.  
Only normal lab results will be sent via e-mail.*
- When unable to contact me by phone, a written communication may be sent to my home address.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Patient Label