NYE PARTNERS IN WOMEN'S HEALTH
625 N. Michigan Avenue Suite 210
Chicago, Illinois 60611
Telephone: 312-670-2530 Fax: 312-670-2630

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

_____ _____
Patient's Name (PRINT) Office Medical Record #

_____ _____
Patient's Signature Date of Birth DATE

_____ _____
Social Security Number If not patient, signature and relationship of person giving authorization

[ ] I authorize NYE Partners in Women's Health to send a copy of my medical records to:

[ ] I authorize NYE Partners in Women's Health to request my medical records from:

_____
Name of Physician Health Care Facility

_____
Street Address

_____(_____)_____
City State Zip Phone Number

THIS AUTHORIZATION APPLIES TO THE FOLLOWING INFORMATION:

[ ] The entire medical record, ***excluding*** mental health treatment, alcoholism treatment, drug abuse treatment, & HIV - Acquired Immune Deficiency Syndrome (AIDS) records
[ ] HIV/Acquired Immune Deficience Syndrome (AIDS) records
[ ] Laboratory Reports (specify) _____
[ ] Radiology Reports (specify) _____
[ ] Operative Reports (specify) _____
[ ] Other _____

THE PURPOSE OF THIS RELEASE IS FOR: [ ] Moved [ ] Changing insurance

[ ] Second opinion [ ] Primary Care Physician update [ ] Changing physicians

EXPIRATION NOTICE: I understand that this consent is revocable at any time prior to the release of information. This authorization will expire 90 days from the date signed.

RECORDS FROM OTHER HEALTH FACILITIES/REDISCLOSURE: It is the policy of NYE Partners in Women's Health to release only medical information documented or dictated by NYE Partners in Women's Health care providers. If you have been treated by other health care providers, please contact them and make arrangements to release any information you may need. Federal regulations prohibit us from redisclosing information without the specific written consent of the person(s) to whom it belongs.

ANY FEES INVOLVED IN THE TRANSFER OF RECORDS **TO** NPWH **FROM** A PREVIOUS PROVIDER ARE THE RESPONSIBILITY OF THE PATIENT