\mathbf{r}	Authorization for Release of Information Patient Name	
S'A	Address (number and street) _ City, State, Zip Code	
PROSPECT OBGYN OBSTETRICS, GYNECOLOGY & WOMEN'S HEALTH	Telephone Email address	Date of Birth

I authorize Prospect OBGYN (Lifeline Medical Associates CC194) to release my health information to: Name _____ Address City, State, Zip _____ Telephone # _____ Fax # _____ I authorize Prospect OBGYN (Lifeline Medical Associates CC194) to obtain records from: Name_____ Address City, State, Zip Telephone #_____ Fax #_____ This authorization applies to the following information: **Complete Medical Record** Other (Please list) The purpose of the release is: For treatment purposes At the request of the patient Other (please specify)

_____ I authorize the above provider and members of its staff to furnish the information, including copies or faxed copies, as directed in this authorization. I further agree to release the provider and its employees and agents from all liability that may arise from the release of information herein requested.

I understand that I may revoke this authorization to release information in writing at any time, except to the extent that action has been taken in reliance on it. I understand that this authorization will expire on ______, and if I fail to specify an expiration date, event or condition, this

authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of Patient or legal Representative

Date

If signed by Legally Authorized Representative, Relationship to Patient

NOTICE TO RECIPIENT OF INFORMATION

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, federal regulations may prohibit you from making further disclosure of this information unless further disclosure if expressed permitted by the written consent of the person to whom it pertains, or as otherwise permitted by federal regulations.