

South Suburban Women's Center
13201 Granger Road, Suite 3
Garfield Heights, OH 44125
John J. Farinacci, D.O., F.A.C.O.G.
William F. Grossman, M.D., F.A.C.O.G
Jeanne M. Knotek, M.D., F.A.C.O.G

Authorization to use and/or disclose protected health information

Patient Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Date of Birth: _____

I AUTHORIZE:

TO RELEASE TO:

Name of sending person/organization

Name of receiving person/organization

Street Address

Street Address

City State ZIP

City State ZIP

Phone Number FAX Number

Phone Number FAX Number

At my request, the following information may be disclosed and/or used:

- Visit Notes (date _____) Lab Data Prenatal Visits
 Operative Report (date _____) Pathology (date _____)
 Other (specify _____)

For the purpose of: (check all that apply)

- Insurance Continued Medical Care Legal Moving
 Dissatisfaction Convenience of Hours Convenience of Location
 Other (specify _____)

Time Limit: I understand that this consent is valid for 3 months or can be revoked in writing at any time prior to this time period.

Signature of Patient or Legal Representative

Date

Only South Suburban Women's Center records will be copied