EASTERN OB|GYN
48 Medical Park East Drive, Suite 355
Birmingham, AL 35235
(205) 838-3036 Fax: (205) 838-5832

I, _____, DOB: _____
(Patient Name)

Hereby authorize Eastern OB/Gyn, PC to release the following information: (Please check all that apply)

_____ All Medical Information, including that obtained from physicians other than Eastern OB/GYN
_____ Lab Results Only _____ Prescription Drug Information Only
_____ Other (Please specify) _____

To:_____
Name Phone Number Fax Number

_____
Address

_____
City State Zip Code

For the purpose of: ____Patient's request____Treatment ____Legal requirement____Other (Please specify) _____

I give special permission to release any information regarding: (Please check all that apply)

____Substance abuse ____Psychiatric/Mental health ____HIV status

_____ _____
Date Signature of Patient or Patient Representative

If not signed by patient, please describe the relationship of representative to patient:

_____

_____ _____
Date Witness

I understand and that if the person or organization that receives the information is not a health care provider or health insurance plan covered by the federal privacy regulations, the information above may be re-disclosed and no longer protected by these regulations.

I understand that refusal to sign this authorization will not affect my ability to receive treatment. I understand that I have a right to inspect and receive copies of the medical information to be released. A charge may apply to copies of any records.

I understand and that I may withdraw my consent and authorization at any time by writing: Eastern OB/GYN-Attn.: Privacy Officer-48 Medical Park East Drive-Ste 355-Birmingham, Al 35235

However, by ending the consent I will not cancel any action that has already been taken as allowed by the form. Unless the patient wishes to cancel this consent at an earlier time, it will automatically terminate one year from the date of this authorization. Note to party receiving information: This information has been disclosed to you from records, whose confidentiality is protected by federal law, which prohibits you from making any further disclosure of information with out specific written consent of the person to whom it pertains, or otherwise permitted, by such regulations. This form meets the requirements of federal regulations (42 CFR, Part 2)