Jordan River Women's Health P.C.

Spencer Colby, M.D. Scott Epstein, D.O. Denise Nippert, M.D.

Authorization for Release of Medical Information

Patient Name: ______________________ Date: ______________
Social Security Number: ______________________ DOB: ______________
Address: ______________________ Apt: ______________
City: ____________ State: ____________ Zip: ______________

This is to authorize the release of medical information regarding the above identified person.

From To | From To

Physician/ Clinic: ______________________
*Phone: ____________ Fax: ____________
*Address: ______________________
City: ____________ State: ________ Zip: ________

Jordan River Women's Health
3584 W. 9000 S. Suite 206
West Jordan, UT 84088
Ph: (801) 561-2227 Fax: (801) 561-5353

***Please note: Releases without either a phone number or an address cannot be processed.**

Information to be released: ______________________

Date Range: From ____________ To ____________

Reason for Transfer:

Permanent Transfer Continuation of care Second Opinion

Dissatisfied ______________________
(Comments)

I Acknowledge and hereby consent to such that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results andkor AIDS information ________. (Please Initial)

This Authorization is valid for ISO days from date of signing and may be revoked at any time by sending a written request to Jordan River Women's Health, P.C. prior to the expiration date. Any such withdraw will not affect any information or records disclosed prior to written notice of withdraw.

I understand that authorizing disclosure of my protected health information is voluntary and that I need not sign this authorization in order to assure medical treatment. I further understand that the disclosure of this information carries with it the potential for unauthorized redisclosure and the information may no longer be protected by Federal confidentiality rules.

____
Signature of Patient or Legal Representative Relationship to Patient

____
Print Name Date