

Southwest Women's Health Associates

575 Rivergate Lane, Suite 210 * Durango, CO 81301

Phone (970) 247-0042 * Fax (970) 259-8837

With my consent, Southwest Women's Health Associates may use and disclose protected health information about me to carry out treatment, payment, consultation, and healthcare operations. Please see Notice of Privacy Practices for a more complete description of such uses and disclosures.

With my consent, Southwest Women's Health Associates may:

_____ call my home

_____ call my work

_____ call my cell phone

_____ mail my home/P.O. Box, appointment reminders and/or test results

_____ communicate via e-mail

_____ consult supervising physician or health care providers to which I am referred

_____ I do authorize my clinical information/lab results to be transferable throughout the office and available to use for appointment or consultation with office staff

_____ Is there anyone else that SWHA is allowed to release your medical information to (for example, family members, other medical professionals)? Please list below:

By signing this form, I am consenting to Southwest Women's Health Associate's use and disclosure of my protected health information. I may revoke consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent Southwest Women's Health Associates may decline to provide treatment to me.

I, _____ have read and understand Southwest Women's Health
Patient Name
Associates' Notice of Privacy Practices.

Signature of Patient
