

Southwest Women's Health Associates

575 Rivergate Lane, Suite 210

Durango, CO 81301

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

Send Records To: _____

Address: _____

Phone Number: _____ - _____ Fax Number: _____ - _____

This authorization permits Southwest Women's Health Associates to disclose to _____ the following individually identifiable health information.

- _____ All Medical Records
- _____ Most recent annual exam report and findings
- _____ Lab Reports (specify if possible) _____
- _____ Alcohol and drug dependency information
- _____ HIV results/information
- _____ Other (please specify): _____

*Copying records for a provider, to whom SWHA refers you, is a courtesy provided by Southwest Women's Health at no charge. We reserve the right to charge the patient a labor, postage and supply fee of \$10.00-\$20.00 for records copied for any other reason. Thank You.

When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPPA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Southwest Women's Health Assoc. has acted in reliance upon this authorization.

Signature of patient: _____ DOB: _____

Printed name: _____ DATE: _____

Witness to signature: _____ DATE: _____

Authorization will expire on: _____

