

# FULL CIRCLE MIDWIFERY CARE

## AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION INCOMING

**Patient Name:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ Phone#: \_\_\_\_\_  
Street City Zip

**I request my medical records from:**

Practice name: \_\_\_\_\_ Provider: \_\_\_\_\_

Address \_\_\_\_\_ Phone#: \_\_\_\_\_  
Street City Zip

I authorize release of my Protected Health Information (PHI) to the following listed below:

**Full Circle Midwifery Care  
168 Kinsley Street, Suite 19  
Nashua, NH 03060**

Purpose of the release: Treatment \_\_\_\_\_; Other \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ Complete Copy of Medical Record    \_\_\_\_ Office Notes    \_\_\_\_ Lab Reports  
\_\_\_\_ Immunization Records    \_\_\_\_ Growth Chart    \_\_\_\_ X-Ray/Diagnostic Imaging Reports  
\_\_\_\_ Other (describe): \_\_\_\_\_

Please initial the following if applicable:

\_\_\_\_\_ I specifically authorized the release of HIV/AIDS results  
\_\_\_\_\_ I specifically authorized the release of information in reference to drug and or alcohol abuse protected by Federal Regulation 42CFR  
\_\_\_\_\_ I specifically authorize release of psychiatric/neuropsychiatric record  
\_\_\_\_\_ I specifically authorize release of sexual assault/physical/verbal abuse record.

I understand that consent is subject to revocations at any time in writing except if the medical records have already been disclosed or if the authorization was signed as a condition of obtaining my insurance coverage as explained in St Joseph Healthcare's Notice of Privacy Practices.

I understand that if health information is disclosed by this authorization, it may no longer be protected under the terms of the privacy rules and the recipient may be able to legally re-disclose the health information to others.

This authorization expires 90 days from the date signed below or otherwise stated below:

\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient

*Pursuant to NH Senate Bill 42, the fee for copies is \$15.00 for the first 30 pages and \$.50 for every page after*

**168 Kinsley Street Suite 19 • Nashua • New Hampshire 03061 • 603-595-3951 • Fax: 603-595-3660**