

Westside Women's Health

Obstetrics, Gynecology, & Infertility

6138 Washington Blvd

Culver City, CA, 90232

Authorization to Release Healthcare Information

Patient's Name: _____ Date of Birth: _____

I request and authorize Westside Women's Health

Address: 6138 Washington Blvd, Culver City, CA, 90232

Phone #: 323-933-2930

Fax #: 323-933-2948

to release my healthcare information to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates:

All healthcare information

Other: _____

I authorize the release of my STI results, HIV/AIDS testing, whether negative or positive to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

Yes

No

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Yes

No

Signature: _____ Date: _____