

**AUTHORIZATION TO RELEASE PATIENT INFORMATION**

**PATIENT IDENTIFICATION**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Last Names Used \_\_\_\_\_

**INFORMATION TO BE RELEASED FROM:**

I hereby authorize the following organization to release the medical information stated below from the patient's medical record:

\_\_\_\_\_ (Organization / Person)  
 \_\_\_\_\_ (Street Address)  
 \_\_\_\_\_ (City, State, Zip)  
 \_\_\_\_\_ (Telephone / Fax #)

**INFORMATION TO BE RELEASED TO:**

\_\_\_\_\_ (Organization / Person)  
 \_\_\_\_\_ (Street Address)  
 \_\_\_\_\_ (City, State, Zip)  
 \_\_\_\_\_ (Telephone / Fax #)

**Women's Cancer Care of Seattle**  
**Howard Muntz, MD**  
**Kathryn McGonigle, MD**  
 1560 N 115<sup>th</sup> St., Suite 101 - Seattle, WA 98133  
 Ph: 206-368-6806 ▪ Fax: 206-368-6808

Purpose or reason: \_\_\_\_\_

**TYPE OF INFORMATION (check all that apply):**

\_\_\_\_ Dr. Muntz's clinic notes, OP notes and pathology reports

\_\_\_\_ Dr. McGonigle's clinic notes, OP notes and pathology reports

\_\_\_\_ Recent H&P, problem list, med list and any other notes pertaining to condition being referred to Women's Cancer Care of Seattle.

Other \_\_\_\_\_

**SPECIFIC RELEASE - REQUIRED**

This release [ ] **MAY** [ ] **MAY NOT** Include specific information related to testing, diagnosis, and/or treatment for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use.

**AUTHORIZATION:**

This authorization may be revoked in writing at any time except to the extent already relied upon, and will expire in 90 days unless previously revoked. I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under privacy laws.

\_\_\_\_\_  
 Signature of Patient (or other responsible person) \_\_\_\_\_ Date

\_\_\_\_\_  
 Relationship (if not the patient) \_\_\_\_\_ Signature of Witness