

Medical Records Release/Request Form

May take 10-14 business days for processing

Full Name: _____ Maiden/Previous Names: _____

Date of Birth: _____ Last four SS: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

PLEASE MARK WHICH OPTION YOU WOULD LIKE TO HAVE DONE:

I would like to **REQUEST** my records be **SENT TO CARE FOR WOMEN**

I would like to **RELEASE** my records **FROM CARE FOR WOMEN**

I would like my records released to **MYSELF**

YOU MUST COMPLETE ALL FIELDS IN ORDER TO ENSURE PROCESSING!!!

Name of Dr. or Facility: _____
Address: _____
Phone #: _____
Fax #: _____
Dates of service requested: _____

Name of Dr. or Facility: _____
Address: _____
Phone #: _____
Fax #: _____
Dates of service requested: _____

CARE FOR WOMEN'S INFORMATION:

Address: 350 Kingwood Medical Drive, Suite 300, Kingwood, Texas 77339

Phone #: 281-359-7000 **Ext.** 149

Fax #: 281-359-5833

Email: careforwomen@earthlink.net

EMAIL MEDICAL RECORD RELEASE/REQUEST FORMS ONLY

****DO NOT EMAIL RECORDS****

The records/information I wish to be sent/received are: (Mark all that apply)

<input type="checkbox"/> Entire	<input type="checkbox"/> Mammograms, Bone Density, Ultrasounds
<input type="checkbox"/> Office Notes/Physical	<input type="checkbox"/> Pathology/Operative Reports
<input type="checkbox"/> Lab Results	<input type="checkbox"/> Other: _____

Records are needed for: (Mark all that apply)

<input type="checkbox"/> Continued Care	<input type="checkbox"/> Insurance Company
<input type="checkbox"/> Attorney/Law Office	<input type="checkbox"/> Transfer of Care - Why: _____
<input type="checkbox"/> Other _____	

I, _____ agree that A COPY of this authorization may be considered valid and HIPPA complaint.

Patient Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____

Please note: if records are being requested by the patient or being sent to any other facility other than a healthcare provider, there is a 25\$ charge for the first 15 pages of records and .15 cents for any page thereafter. There is no charge for records being sent to another healthcare provider. By signing above, you agree to these terms.