Women's Health Care Associates
Normal and High Risk Obstetrics, Gynecology, and Infertility
7720 South Broadway, Suite 440
Littleton, Colorado 80122
303-795-0890

AUTHORIZATION FOR MEDICAL RECORDS TO BE RELEASED

I Hereby Authorize: _____
Address: _____
Phone: _____Fax: _____

To release to: Women's Health Care Associates, PC
7720 S. Broadway, Suite 440, Littleton, CO 80122
Phone: 303 795-0890 Fax: 303 795-3568

Medical Records on:
Patient Name: _____ Date of Birth: _____
Address: _____
Phone: _____ Cell: _____
Social Security #: _____

Information to be disclosed:

- ☐ Complete Medical Records
- ☐ Progress Notes
- ☐ Pathology Reports
- ☐ Other(specify) _____
- ☐ Labs
- ☐ Mammograms
- ☐ Pregnancy Record(s)

Please provide records dated from _____ to _____

I understand in signing this release form, I give my permission to release my confidential information to WHCA. My signature also authorizes the release of any information relating to AIDS or HIV testing, alcohol use, or mental status contained in my medical records.

Signature: _____ Date: _____

To further help us in storing your records, please check the appropriate statement:

- ☐ Please keep my records current, as I am still a patient in your care.
- ☐ Please purge my record, as I am transferring care.

Reason for leaving the practice: _____

PLEASE DO NOT SEND RECORDS ON CD/DVD
If records are released directly to another physician, there will be no charge.
If records are requested for a personal or insurance request, a fee will be required.

Carolyn Abman, M.D. Pamela Snyder, M.D. Monica Abarca, M.D. Kathleen Watt, M.D.
Karen Ashbeck, D. O. Catrina Bubier, M.D. Sarah Pucillo, M.D.
Kathy England, R.N., C.N.P. Kathy Plummer, R.N., C.N.P. Jennifer Weiss, PA-C Tanyel Osilade, N.P.
A Partner in OB/GYN Affiliates