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HIPAA AUTHORIZATION FORM

Due to the Federal Privacy Act (HIPAA), Women's Health Associates cannot release patient information (reports, laboratory results, office notes, etc) to anyone except the ordering provider or the patient herself without written authorization.

Therefore, please list those individuals, if any, that you would approve to receive your personal medical information on your behalf.

Every reasonable effort will always be made to reach you directly, but we are hereby authorized to leave information with your representative(s) listed below should you be unavailable. I understand that although every reasonable effort will be made to protect my privacy, occasionally circumstances might require a responsible healthcare professional to leave information with an individual who is not designated below. Such circumstances would be rare however.

I hereby authorize the release of my health information to the following individuals:

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____
3. Name: _____ Relationship: _____

I DO NOT GRANT PERMISSION TO LEAVE INFORMATION TO ANYONE EXCEPT ME.

We request your instruction concerning your wishes related to leaving detailed medical information on your cell phone voicemail and/or your home answering machine. We would also like to obtain your permission to communicate medical and appointment information by text or email.

Approved Cell number: _____ Texting approved

Approved Home number: _____

Approved Email address: _____

Printed Name: _____

Signature: _____ Date: _____

CONFIDENTIALITY

The document accompanying this transmission contains information from Women's Health Associates, which is confidential and/or legally privileged. The information is intended only for use by the individual or entity names on the transmission sheet. If you are not the intended recipient, you are hereby notified that using, disclosing, copying, distributing or taking any action in reliance on the contents of the transmitted information is strictly prohibited and that the document should be immediately returned to Women's Health Associates.