



Please fill out and sign and we will request your records to be sent to our office  
Fax Number: 901-522-6911

\_\_\_\_\_  
**Patient's Full Name**

\_\_\_\_\_  
**Patient's Date of Birth**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Patient's Telephone Number**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State & Zip Code**

I hereby authorize use or disclosure of protected health information about me as described below.

1. The following specific person/class of person/facility is authorized to use or disclose information about me:

**Name of Doctor's Office and phone (if known) to request records from:**

\_\_\_\_\_  
Mid-South OBGYN

2. The following person (or class of persons) may receive disclosure of protected health information about me:

**The Engbretson Center for Women**

**756 Ridge Lake Blvd. Suite 228**

**Memphis, TN 38120**

**901-522-6910 (main) 901-522-6911 (fax)**

3. The specific information that should be disclosed is (please give dates of service if possible):

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying     **The Engbretson Center for Women**     in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

6. My purpose/use of the information is for :     **OB/GYN Care**     .

**THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING**

\_\_\_\_\_  
**Signature of Individual\***

(The person about whom the information relates)

\_\_\_\_\_  
**Date of Individual's Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Signature of Guardian\* or  
Personal Representative of Patient's Estate**

\_\_\_\_\_  
**Date of Guardian's/Personal  
Representative's Signature**

\_\_\_\_\_  
**Description of Authority to Act  
for the Individual**