

Spokane Midwives

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I hereby authorize:

_____ of _____,
practitioner's name practice name

To release: Chart records for _____ (do not include billing information or X-ray images) including chart notes, laboratory results and ultrasound reports.

Also to **include** (initial each of the following items for release):

- _____ HIV/AIDS/STD records
- _____ Mental health information
- _____ Genetic testing information
- _____ Drug/alcohol abuse/dependency diagnosis, treatment, or referral information

From the health records of:

Name: _____ Other name: _____

Social Security number: _____ Date of birth ____/____/____

To be released to:

- _____ Spokane Midwives as listed above
- _____ Self - address _____
- _____ Other _____

This authorization is effective immediately and shall remain in effect until _____ (date) or one year if no date entered. I understand that I can revoke this consent at any time, unless disclosure has already occurred in compliance with this consent.

Signature of Patient/Guardian

Date

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