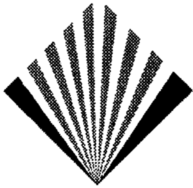

Glendale Obstetrics & Gynecology, PC.

Diana Heard-Vaughn, M.D. • . • Kristin Livingston, M.D.
Nikki Maurer, WHNP-BC

Medical Information Release Authorization

Patient Name ________________________________ Date of Birth ____________

HIPAA guidelines prohibit us from releasing information to anyone other than our patients without specific written consent from the patient. This includes release of medical information and appointment scheduling and cancellations. Please indicate below if you would like anyone other than yourself to have access to your information.

Release of Medical Information:

( ) I authorize the release of information including diagnosis, treatment and Insurance claim information to:
( ) Spouse ____
( ) Parent ____
( ) Child(ren) _____________________________________
( ) Other ____
( ) Information is not to be released to anyone.

This release will remain in effect until terminated in writing.

Messages:

Please call ( ) my home ( ) my work ( ) my cell number ____________________.
If unable to reach me:

( ) You may leave a detailed message.
( ) Please leave a message asking me to return your call.
( ) Other ____.

We can only leave messages with those people that you have approved above.

The best time to reach me is (day)________________between (time)_____________.

Signed: ______________________________________ Date:__________________.

Witness:_____________________________________ Date: __________________.

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