

**STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Information to be Used or Disclosed

The information covered by this authorization includes:

Persons to whom information may be released to (circle one):

**The Women's Center, P.C.
140 Eagles Spring Court, Ste B
Stockbridge, GA 30281
Ph# 770-302-0878
Fax# 770-302-0883**

**The Women's Center, P.C.
2750 Owen's Dr. Ste A
Conyers, GA 30094
Ph# 678-413-4644
Fax# 678-413-4624**

Persons authorized to use or to release information to / from:

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to The Women's Center. You should contact the office manager to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

Name of Patient: _____ Date: _____

Signature of Patient: _____

Social Security & DOB: _____

Relationship & Signature of Patient
Representative _____