



Medical Records Release Form from another provider (To be used for sending your records to us by another provider)

Patient Name: _____ **Soc. Sec. #** _____

Address: _____ **Date of Birth:** _____

By signing this authorization, I authorize _____ to use and/or disclose certain protected health information (PHI) about me. I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the person(s) or entity listed below.

Phone: _____ **Fax:** _____

Please send my protected health information to respective location:

Women's Health Care Specialists

7525 Greenway Center Drive, Suite 202, Greenbelt, MD 20770

INOVA Mount Vernon Hospital, 2501 Parkers Lane, Suite: 1G102.1,
Alexandria, VA 22306

Phone: - 301-459-4317, Fax: 301-798-5009

Phone: - 571-316-2954, Fax: 571-316-2952

My authorization extends or is limited to:

- Records of my visits from 2011 to present unless otherwise specified.**
- Patient history**
- Progress notes**
- Diagnostic reports**
- Consultation reports**
- Other: must specify** _____

This authorization is given freely with the understanding that:

1. Any and all records, whether written or oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as provided by law.
2. A photocopy or fax of this authorization is as valid as the original.
3. I may revoke this authorization at any time, except where information has already been released.
4. Treatment, payment and operation of our business may not be conditioned upon this authorization.
5. The release of information authorized may be subject to re-disclosure by the recipient.

Patient Signature [or parent, guardian or legal representative]:

Date

Women's Health Care Specialists

7525 Greenway Center Drive, Suite 202, Greenbelt, MD 20770
Phone: - 301-459-4317, Fax: 301-798-5009

6355 Walker Lane, Suite 303, Alexandria, VA 22310
Phone: - 571-316-2954, Fax: 571-316-2952

URL: <https://www.whcsmd.com>

e-mail: service@whcsmd.com