



10600 Quivira Road, Suite 110 • Overland Park KS 66215 • 913-541-9495
1262 West Amity • Louisburg KS 66053 • 913-837-3199

Patient Authorization for Disclosure/Release of Information

Patient Name _____ Date of Birth _____

Address _____

I request that the communication regarding my protected health information that is provided to me, other than verbally and in person, be provided to me by calling the information to the following phone number listed below:

HOME PHONE ____ - ____ - _____

Yes, a message can be left at this phone number

No, a message cannot be left at this number

WORK PHONE ____ - ____ - _____

Yes, a message can be left at this phone number

No, a message cannot be left at this number

CELL PHONE ____ - ____ - _____

Yes, a message can be left at this phone number

No, a message cannot be left at this number

I understand that For Women Only may choose not to leave a message.

MY INFORMATION MAY BE TOLD TO THE FOLLOWING INDIVIDUALS

Name _____

Name _____

Relationship _____

Relationship _____

This request will be kept in place at all times until I revoke this request at any time in writing, and submit another request to For Women Only.

Patient Signature

Date

Signature of personal representative of patient and/or description of representative's authority to act for patient.