

SOUTHWEST WOMEN’S HEALTH ASSOCIATES

1305 ESCALANTE DRIVE STE 201* DURANGO, CO 81303

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Southwest Women’s Health Associates may utilize and disclose protected health information to carry out health care diagnosis, treatment, payment and consultations. This includes the use of CORHIO/HIE (Colorado Regional Health Information Organization, Health Information Exchange platform), a secure electronic means of exchanging health data. Please see our Notice of Privacy Policy Practices for a more complete description of such uses and disclosures.

With my consent, Southwest Women’s Health Associates may:

_____ call my home

_____ call my work

_____ call my cell phone

_____ communicate via email: _____

_____ mail my home/P.O. Box with appointment reminders or test results

_____ Is there anyone else that SWHA is allowed to release your medical information to (for example, family members, other medical professionals)? Please list below:

By signing this form, I am consenting to Southwest Women’s Health Associate’s use and disclosure of my protected health information. I may revoke consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent Southwest Women’s Health Associates may decline to provide treatment to me.

I, _____ have read and understand Southwest Women’s Health Associates’ Notice of Privacy Practices.

Signature of Patient

Date