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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/text my cell phone

_____ communicate via e-mail _____

_____ 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 been given access to Southwest Women's Health Associates' Notice of Privacy Practices (HIPAA Policy).

Signature of Patient

Date