



**1305 Escalante Drive Suite 201  
Durango, CO 81303  
Phone: (970) 247-0042  
Fax: 970-259-8837**

**Send Records To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **All Medical Records**

\_\_\_\_\_ **Most recent annual exam report and findings**

\_\_\_\_\_ **Lab Reports (specify if possible)** \_\_\_\_\_

\_\_\_\_\_ **Alcohol and drug dependency information**

\_\_\_\_\_ **HIV results/information**

\_\_\_\_\_ **Other (please specify):** \_\_\_\_\_

When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing if ever need be.

\*Copying records for a provider, to whom Southwest Women's Health refers you is a courtesy provided by our office at no charge. We reserve the right to charge the patient a labor and supply fee of .20 cents per page and actual shipping cost for records copied for any other reason.

**Signature of patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Witness to signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Authorization will expire on:** \_\_\_\_\_