wooster ob•gyn

Emily Benekos, M.D., FACOG
S. Holmes Mason, M.D., FACOG
David Seals, M.D., FACOG
Anne Shriner, M.D., FACOG
John Weeman, M.D., FACOG

Authorization for Release of Medical Records

I hereby authorize the release of my medical records:

Patient Name: _____ Date of Birth: _____

Social Security #: _____ Daytime Phone #:_____

Information Released To:

_____
_____
_____
_____
_____

From:

Wooster OB/GYN
546 Winter Street, Suite100
Wooster, Oh 44691
Phone #: 330-345-2229
Fax# 330-345-2236

Please Release the Following:

_____ All Records
_____ Office Notes
_____ Immunizations
_____ Other (Specify) _____

_____ Records for time period of _____ to _____
_____ Lab Reports/Radiology Reports/Pathology Reports
_____ Pregnancy Related Visits

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.
_____ Initials

Purpose of Need for Disclosure:

_____ Transfer of Patient Care
_____ Continued Patient Care
_____ Attorney/Legal
_____ Personal Use
_____ Insurance Claim/Application
_____ Other

Please check for:

☐**Patient Pick-Up**
☐ **Fax to Physician's Office**

I understand that I may revoke this authorization at any time by notifying Wooster OB/GYN in writing, and it will be effective on the date notified except to the extent that Wooster OB/GYN has already acted upon such authorization. Information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations. I may not hold Wooster OB/GYN liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation.

_____ _____
Signature of Patient or Legal Guardian Date

_____ _____
Signature of Witness Date

Date Request Completed: _____ *# of Pages Copied* _____ *Initials* _____ *Rev. 6/7/2017*