

OB-GYN SERVICES, P.C.

PRACTICE LIMITED TO OBSTETRICS & GYNECOLOGY

17 CASE ST.
NORWICH, CONNECTICUT 06360
TELEPHONE 860-886-2461

DAVID B. BINGHAM, M.D.
ROBERT E. CROTOF, M.D.
ANN E. JILLSON, M.D.
DAVID A. KALLA, M.D.
PATRICE M. MARCHAND, M.D.
STEPHEN T. BRIGGS, M.D.
SUZELLE A. HENDSCH, M.D.

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PURPOSES REQUESTED BY THE PRACTICE

By signing this authorization, I authorize OB-GYN Services, P.C. to use and/or disclose certain protected health information (PHI) about me to _____.

This authorization permits OB-GYN Services, P.C. to use and/or disclose the following individually identifiable health information about me:

_____.

The information will be used or disclosed for the following purpose:

_____.

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on _____.

I do not have to sign this authorization in order to receive treatment from OB-GYN Services, P.C. In fact, I have the right to refuse to sign this authorization. I also have the right to inspect or copy the information to be used or disclosed. 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 except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer at: OB-GYN Services, 17 Case Street, Norwich, CT 06360.

Signed by: _____
Signature of Patient or Legal Guardian

Relationship to Patient

Patient's Name

Date

OB-GYN Services, P.C. Representative

OB-GYN SERVICES, P.C.

PRACTICE LIMITED TO OBSTETRICS & GYNECOLOGY

17 CASE ST.
NORWICH, CONNECTICUT 06380
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SUZELLE A. HENDSCH, M.D.
MELISSA J. WELCH, M.D.

Consent to Release

Patient Name: _____ Date of Birth: _____

I authorize OB-GYN Services, P.C. to use and/or disclose the below protected health information about me to the party listed below. I understand that the authorization will expire after 60 days.

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 except to the extent that OB-GYN Services, OB-GYN Services, P.C.'s Privacy Officer at 17 Case Street, Norwich, CT 06360.

INFORMATION TO BE RELEASED: _____

RELEASE INFORMATION TO: _____

_____ Signature of Patient or Legal Guardian	_____ Relationship to Patient
_____ OB-GYN Services, P.C. Representative	_____ Date

.....

INFORMATION TO BE RELEASED: _____

RELEASE INFORMATION TO: _____

_____ Signature of Patient or Legal Guardian	_____ Relationship to Patient
_____ OB-GYN Services, P.C. Representative	_____ Date

.....

INFORMATION TO BE RELEASED: _____

RELEASE INFORMATION TO: _____

_____ Signature of Patient or Legal Guardian	_____ Relationship to Patient
_____ OB-GYN Services, P.C. Representative	_____ Date

OB GYN SERVICES, P.C.

Practice Limited to Obstetrics & Gynecology

17 Case Street

Norwich, CT 06360

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David A. Kalla, MD

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Stephen T. Briggs, MD

Suzelle A. Hendsch, MD

Melissa Welch, MD

Julie Belcher, MD

CONSENT TO OBTAIN

I authorize OB-GYN Services, P.C. to obtain the below protected health information about me from the party listed below. I understand that this authorization will expire 60 days from the date signed.

When my information is disclosed pursuant to this authorization, it may subject to redisclosure by OB-GYN Services, P.C. and may no longer be protected by the federal HIPAA Privacy Rule. I Have the right to revoke this authorization in writing, except to the extent that party below has acted in reliance upon this authorization.

INFORMATION TO BE RELEASED TO OB-GYN SERVICES, P.C.

TO BE RELEASED FROM:

REASON FOR RELEASE: _____

Patient Name

Date of Birth

Signature of Patient or Legal Gaurdian

Relationship to Patient

Date

OB-Gyn Services, P.C. Representative