



Consent to Share Confidential Medical Information

To be valid, this form must be filled out COMPLETELY, including what information you are giving us permission to share.

Patient's Legal Name: _____

Birth Date: _____

I HEREBY AUTHORIZE ASSOCIATES IN WOMEN'S HEALTH TO SHARE:

- Any of my medical information, including information about:
 - ◇ Sexually transmitted disease (STD) testing and treatment *
 - ◇ Mental Health diagnosis and treatment*
 - ◇ Drug and alcohol use history and treatment*
 - ◇ HIV/AIDS testing and treatment*
 - ◇ Pregnancy testing and prenatal care*
 - ◇ Birth control/family planning*
- My lab results (**note: signing this form does NOT mean we will share result of STD or HIV/AIDS tests**)
- My appointment times, dates, and reasons for the visits
- The Medications I am taking
- The following information (specify): _____

WITH THE FOLLOWING PEOPLE:

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

I understand that I may cancel this consent at any time (by writing to Associates in Women's Health), but that cancelling it will not affect any information that has already been released.

I understand that I do not have to sign this form, and that I should only sign it if I want my medical provider to share my information with someone.

This authorization expires: ___/___/___ or when I cancel in writing

If no expiration date or event is specified, this authorization will expire in one (1) year after the date it is signed.

Signature: _____ Date: ___/___/___

Relationship to minor patient (if patient or legal guardian)* _____

If you are not the minor patient's parent, you must give proof of guardianship (for example, a court order or power of attorney)

Signature: _____ Date: ___/___/___

*A minor patient's signature is required for us to share information about care for: (1) conditions relating to the minor's sexuality including, but not limited to: family planning and sexually transmitted diseases (age 14 and above); (2) alcoholism and/or drug abuse (age 13 and above); and (3) mental health conditions (age 13 and above).