SEVEN HILLS
Women's Health Centers

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS TO SEVEN HILLS WOMEN'S HEALTH CENTERS

Name of Facility/Provider to Release Medical Records: _____

Address of Facility/Provider to Release Medical Records: _____

Phone Number (_____) _____ _____

Fax Number (_____) _____ _____

I hereby authorize the above named Facility/Provider to release medical records in its possession, including information regarding my medical condition and treatments I have received to Seven Hills Women's Health Centers at the following locations (please check all appropriate locations):

☐ **6903 Burlington Pike, Suite A** Florence, Kentucky 41042 **Fax # (859) 282-6760** Phone # (859) 282-6700	☐ **20 Medical Village Dr., Suite 302** Edgewood, Kentucky 41017 **Fax # (859) 578-2004** Phone # (859) 341-2510	☐ **9312 Winton Rd** Cincinnati, OH 45231 **Fax # (513) 922-2931** Phone # (513) 922-000**9**
☐ **3301 Mercy Health Blvd. Suite 215** Cincinnati, OH 45211 **Fax # (513) 481-3880** Phone # (513) 481-5100	☐ **4834 Socialville Foster Rd, Ste 60** Cincinnati, OH 45040 **Fax # (513) 229-8014** Phone # (513) 229-8010	☐ **7495 State Rd, Suite 325** Cincinnati, OH 45255 **Fax # (513) 624-2684** Phone # (513) 233-2000
☐ **4850 Red Bank Expressway, 3rd Fl.** Cincinnati, Ohio 45227 **Cincinnati Breast Surgeons** **Fax # (513) 221-1320** Phone # (513) 221-2544	☐ **3747 West Fork Road** Cincinnati, Ohio 45247 ☐ **Dr. Caminiti & Dr. Venard Group A** **Fax # (513) 389-0473** Phone # (513) 481-4777 ☐ **Dr. Peggy Heis Group B** **Fax # (513) 389-7960** Phone # (513) 481-5300	☐ **7495 State Rd, Suite 300** Cincinnati, OH 45255 **Fax # (513) 231-3761** Phone # (513) 231-3447

I understand the information to be released may include information regarding the following conditions: sexually transmitted diseases, HIV/AIDS testing and status, drug or alcohol abuse and psychiatric conditions.

_____ Release medical records for date(s) of service _____/_____/_____ to _____/_____/_____

_____ Release these specific documents: **Other:** _____

☐ Pap smear / HPV Typing ☐ Laboratory Results ☐ Prenatal Visit Notes
☐ Surgical Op Note w/ Pathology ☐ Mammography Screening / Diagnostic
☐ Office Procedure w/Pathology ☐ Diagnostic Ultrasound ☐ Gynecological Visit Notes

_____ Release entire medical record

Purpose or reason for the use and/or disclosure of the information requested: _____

Expiration Date of Authorization: The authorization will automatically expire one (1) year from the date of signature. We will not honor requests for disclosure after expiration without an updated authorization form. You may renew or alter this authorization form at any time.
Right to Terminate or Revoke Authorization: You may revoke or terminate this authorization by submitting a written revocation to Seven Hills Women's Health Centers Medical Records Department, located within each office location. However, the revocation will not apply to uses or disclosures occurring prior to our receipt of your revocation request.
Rights of the Individual: You may inspect or copy information used or disclosed under this authorization. You may refuse to sign this authorization.
Effect of Refusing Authorization: If you refuse to sign this authorization, Seven Hills will not deny you any treatment.

This form authorizes Seven Hills to use and/or disclose protected health information (PHI) in the manner described above and is voluntary. Seven Hills will not condition treatment, payment, enrollment or eligibility for benefits on the execution of this Authorization. The information used and/or disclosed as result of this Authorization may be subject to redisclosure by the person or entity receiving such information, and no longer protected by the federal privacy regulations.

_____ _____/_____/_____ _____
Print Patient Name Date of Birth Last four digits of SS#

_____ _____/_____/_____
Signature of Patient Date of Authorization

IMPORTANT NOTE: Authorization is not valid without a signature and date by the patient. The request must be filled out completely. Refusal to sign an authorization to have records transferred to Seven Hills will not result in an interruption of treatment.