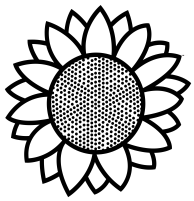

Sunflower Midwifery

Your community midwife

Sunflower Midwifery
Elizabeth "Nikki" Marterre, CPM, LM
Phone: 512-745-9635
Fax: 512-697-0053
nikki@sunflowermidwifery.com

Patient Name: _____

Patient Phone: _____

Date of Birth: _____

Med. Rec. # or SSN: _____

Consent for Release of Confidential Information

I authorize _____
(Name of hospital/ healthcare provider)

_____, _____
(Address of hospital/ healthcare provider) (Fax and Phone numbers of hospital/ healthcare provider)

to release a copy of the medical information for:

_____
(Name of patient)

to : _____
(Name of hospital/ healthcare provider)

_____, _____
(Address of hospital/ healthcare provider) (Fax and Phone numbers of hospital/ healthcare provider)

The recipient of this information will not condition treatment or benefits enrollment/ eligibility/ payment on whether I sign the authorization. The information will be used on my behalf for the purpose of _____.

By ***initialing*** the spaces below, I specifically authorize the release of the following medical records, if such records exist:

_____ Prenatal care records, including records from previous provider if applicable

_____ Laboratory reports

_____ Diagnostic imaging reports (ultrasound and x-rays)

_____ HIV/ AIDS related information

_____ Mental health information

_____ Genetic testing information

_____ Medication information

_____ Drug and alcohol information

_____ Other: _____

It is possible that the recipient of this information may need to disclose it to someone else for purposes of insurance reimbursement or my continued medical care, in which case it would no longer be protected by the HIPAA privacy rule. This authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization. Unless revoked earlier, this consent will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

_____ _____ _____
(Date) (Signature of patient or person authorized by law) (Relationship to patient)