

Natchitoches Women's Care

Martin Aviles, MD FACOG

Obstetrics and Gynecology

AUTHORIZATION TO DISCLOSE INFORMATION WAIVER OF CONFIDENTIALITY To Receive

All information that has been gathered on an individual is personal and private. You are not required to release this information. I understand that Natchitoches Women's Care will not condition treatment or payment on whether I sign this authorization unless I indicate that I am permanently transferring my care to another physician or facility. Such information cannot be released without authorized written permission, except as required by law as indicated in our privacy policy.

I understand that the information in the record of:

Patient Name: _____	Date of birth _____
Address: _____	
City, State, Zip: _____	

Is personal and private. **HOWEVER, I GIVE MY PERMISSION FOR:**

Name: _____	Phone: _____
Address: _____	
City, State, Zip: _____	Fax: _____

TO RELEASE TO:

Name: <u>Martin Aviles, M.D.</u>	Phone: <u>318-352-9595</u>
Address: <u>627 Bienville Circle</u>	Fax: <u>318-352-9818</u>
City, State, Zip: <u>Natchitoches, LA 71457-5744</u>	

THE FOLLOWING SPECIFIC INFORMATION:

I understand that I have the right to refuse to disclose HIV test results.

I DO NOT AUTHORIZE release of HIV test results.

The above listed information is to be released for the specific purposes of:

I understand that my permission to release this information may be canceled at any time except when the information has already been released. My permission to release this information will expire: (____/____/____). I understand that the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

The undersigned certifies that he/she is the parent/guardian/representative of the person listed above and has the legal authorization to sign on behalf of the person, whether by court order, or by operation of law.

Authorized Signature: _____	Date: _____
Relationship to Patient: _____	
Witness: _____	Date: _____