



The Woman's Clinic
Caring for Women Since 1950

Authorization for Release of Medical Information

Patient Name _____
Address _____
City/State _____
Date of Birth _____

I hereby authorize:

Name of physician or clinic _____
Address _____
City/State/Zip _____

- Please release the images to: The Woman's Clinic
501 Marshall Street, Suite 401
Jackson, MS 39202
Phone: 601-354-0869 ext. 4035/4064
_____ CD and reports to be mailed

Please inform us via telephone if there are no images associated with this patient

I understand I have the right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must do so in writing and present my written revocation to The Woman's Clinic. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire six months from the date of signing. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal law.

Signature of Patient

Date



OBSTETRICS & GYNECOLOGY: John R. Wooley, M.D., Barbara Davey-Sullivan, M.D., Leland D. Gebhart III, M.D., Meredith M. Travelstead, M.D., J.Holt Crews, M.D., Amanda G. Nicols, M.D., Erica M. Ory, M.D., Lauren E. Barry, M.D.
GYNECOLOGY: Thomas L. Wiley, M.D., Lawrence S. Goldstein, M.D., Jesse C. Ethridge, M.D.