

**OBSTETRICS AND GYNECOLOGY ASSOCIATES  
A Division Of Women's Care Florida  
116 Parsons Park Drive · Brandon, FL, 33511**

**AUTHORIZATION FOR RELEASE OF RECORDS  
TO OBSTETRICS & GYNECOLOGY ASSOC.**

Please fill out and sign this form to enable Obstetrics & Gynecology Associates to obtain your prior records and reports.

(Patient Name)	(Date of Birth)	(Social Security #)
(Complete Address)		(Phone)

THE INFORMATION IS TO BE RELEASED BY:	AND IS TO BE PROVIDED TO:		
Name of Facility	Name of Facility <b>OBSTETRICS &amp; GYNECOLOGY ASSOCIATES MEDICAL RECORDS DEPARTMENT</b>		
Street Address	Street Address <b>116 PARSONS PARK DRIVE</b>		
City, State and Zip Code	City, State and Zip Code <b>BRANDON, FL 33511</b>		
Phone # and Fax, if possible	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Phone # <b>(813) 681-6625</b></td> <td style="width:50%; border: none;">Fax <b>(813) 699-1032</b></td> </tr> </table>	Phone # <b>(813) 681-6625</b>	Fax <b>(813) 699-1032</b>
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**THE INFORMATION TO BE DISCLOSED FROM MY HEALTH RECORD:**

**All Medical Information and Reports**

*I understand that I may revoke this authorization by written notification at any time following this date, except for the information which may have been released prior to revocation. Unless otherwise specified, this consent will expire one year from the signed date. This authorization will be effective for medical records generated to the date of signature. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the healthcare provider or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.*

<i>Signature of Patient or Person Legally Authorized to Consent for Patient</i>	<i>Date</i>
<i>Relationship to Patient (if applicable)</i>	

A PHOTOSTATIC COPY OF THIS AUTHORIZATION IS TO BE CONSIDERED AS VALID AS THE ORIGINAL