



COMPREHENSIVE OB/GYN, LLC.
Modern Practice with Traditional Values

Authorization for Release of Information

Patient Name: _____

Address: _____

Date of Birth: _____

THIS WILL AUTHORIZE:

THIS WILL AUTHORIZE

Comprehensive OB/GYN, LLC.
8880 Royal Palm Blvd., Suite 100
Coral Springs, FL 33065

TO RELEASE TO:

Comprehensive OB/GYN, LLC.
8880 Royal Palm Blvd., Suite 100
Coral Springs, FL 33065

TO RELEASE TO:

FOR THE PURPOSE OF TREATMENT, PAYMENT, AND/OR HEALTH CARE OPERATION

- PLEASE INCLUDE: ALL MEDICAL RECORDS HIV / AIDS
 X-RAY / SONOGRAMS LAB REPORTS
 PAP REPORTS MAMMOGRAM REPORTS
 BONE DENSITY REPORTS PRENATAL RECORDS

OTHER _____

This consent will remain valid for the duration of the patient treatment at this facility and will expire only with written instructions from the patient, termination of the patient/provider relationship by either party or when 36 months has elapsed without documentation of patient care. There is the potential for personal healthcare information to be re-disclosed by the recipient and therefore no longer protected federal confidentiality laws.

Patient Signature

Date

8880 Royal Palm Blvd., Suite 100, Coral Springs, FL 33065
Office: (954) 753-2411 Fax: (954) 753-1176