

**Spokane Midwives**

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**I hereby authorize:**

\_\_\_\_\_ of \_\_\_\_\_  
practitioner's name practice name

**To release:** Complete chart records (do not include billing information or X-ray images) including chart notes, laboratory results and ultrasound reports.

Also to **include** (initial each of the following items for release):

- \_\_\_\_\_ HIV/AIDS/STD records
- \_\_\_\_\_ Mental health information
- \_\_\_\_\_ Genetic testing information
- \_\_\_\_\_ Drug/alcohol abuse/dependency diagnosis, treatment, or referral information

**From the health records of:**

Name: \_\_\_\_\_ Other name: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be released to:**

- \_\_\_\_\_ Spokane Midwives as listed above
- \_\_\_\_\_ Self - address \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

This authorization is effective immediately and shall remain in effect until \_\_\_\_\_ (date) or one year if no date entered. I understand that I can revoke this consent at any time, unless disclosure has already occurred in compliance with this consent.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

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