



The Women's Center pllc
 12301 NE 10th Place, Suite 100
 Bellevue, WA 98005
 425-827-0100

RELEASE OF INFORMATION

Date: _____

I hereby request that the following medical records be released to:

Katharine Barrett-Avendano, DO
 The Women's Center pllc
 12301 NE 10th Place, Ste 100
 Bellevue, WA 98005
 P 425-827-0100
 F 425-827-0166

_____ Pap smear reports _____ Entire gynecological medical record
 _____ Mammogram reports _____ Entire medical chart
 _____ Laboratory reports _____ Other: _____

Patient Name (Please print): _____

Patient Signature: _____ Date of birth: _____

Requesting records from provider(s):

Name: _____

Phone: _____ Fax: _____

Name: _____

Phone: _____ Fax: _____

I understand that unless revoked this authorization is valid for 90 days from the date of signing. I understand that I may revoke this authorization in writing at any time except to the extent disclosure has already been made in accordance with this document. I understand that my health care information is protected by state and federal regulations that protect the confidentiality of this information and that my health care information may not be released or disclosed without my written authorization, unless otherwise provided for by law, I also understand that if I authorize a third party that is not required to comply with such regulations to receive my health care information, my information may be re-disclosed by that party and would no longer be protected. I understand that I do not have to sign this form as a condition for receiving treatment and that I am entitled to a copy of this authorization form at the time of signing. I understand that if I request for personal use, to hand-carry to another health care provider, or for parties not involved in my health care, there may be a charge. "Non-emergency" release of records may take up to 10 working days. Emergency requests will be given priority processing. "Emergency" status applies only to another health care provider for urgent patient care. There is no charge to release records to another health care provider. MINORS~ A minor patient's signature is required in order to release records the following information (1) conditions relating to the minor reproductive care including, but not limited to, contraception, pregnancy and pregnancy termination, sterilization, and sexually transmitted diseases (age 14 and older). (2) alcohol and/or drug abuse (age 13 and older), and (3) mental health conditions (age 13 and older). reproductive care including, but not limited to, contraception, pregnancy and pregnancy termination, sterilization, and sexually transmitted diseases (age 14 and older). (2) alcohol and/or drug abuse (age 13 and older), and (3) mental health conditions (age 13 and older).