



Obstetrics and Gynecology  
Telephone (785) 827-7996 • Fax (785) 825-4490  
135 East Claflin • Salina, Kansas 67401-0020

Merle J. "Boo" Hodges MD, FACOG • Christopher R. Graber MD • Merle A. Hodges MD, FACOG

**AUTHORIZATION FOR RELEASE OF PATIENT MEDICAL RECORDS**

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

To \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE FOR RELEASE (please check all that apply)**

Transfer of Care       Insurance Request

Other (please specify) \_\_\_\_\_

Information Requested \_\_\_\_\_

Dates of Records Requested \_\_\_\_\_

Other \_\_\_\_\_

Release information to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This authorization will expire one year from date above.

I understand that:

- I may inspect or copy the protected health information to be used or disclosed
- I may revoke this authorization by contacting your office at the address above, attention Privacy Officer
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer be protected by HIPAA

Signature of Patient, Legal Guardian, or Representative \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_