Willowbend Health & Wellness Associates
Dr. Phyllis Gee, M.D., P.A.   Natalie Settele, P.A.C.
MEDICAL RECORDS AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

By State Law you must be advised that:
The information you authorized for release may include information that should be considered information about communicable diseases, which may include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (“AIDS”)

Patient Name:	Date of Birth:
Social Security Number:	Treatment Date:

I hereby authorize:

Name: ____ Organization : ________________________________

Address: ____

Telephone: _______________________________________ Fax: ____

to release all the following health record (s) information of the above name patient, covering the period(s) indicated for the following purpose:

☐ Insurance Payment ☐ Transfer of Care ☐ My Doctor’s Use
☐ Referral Care ☐ Other ____

The information to be release:

☐ Pap Smear/Biopsy Results ☐ Lab/Pathology ☐ AIDS/HIV Test Results
☐ Operative Report(s) ☐ Radiology Reports ☐ Bone Density Report(s)
☐ Prenatal Records ☐ Consultations ☐ All Records
☐ History & Physical Exam ☐ Mammogram Report(s) ☐ Other ______________________

This information is to be release to:

Dr. Phyllis J. Gee, M.D.
4601 Old Shepard Place
Bldg 2, Suite 201
Plano, Texas 75093
Phone (469)361-4000 Fax (469)361-4001

I understand this consent can be revoked at any time except that disclosure made in good faith has already occurred in reliance on this consent. Without prior revocation this authorization will automatically expire one year from this date. If the copies of the records are not retrieved within 60 days they will be shredded

I am also informed that health records will be released to the person(s) or organization(s) named above, to those persons or organizations I have other releases granted and to persons or organizations authorized by law.

Patient Signature Date	Witness Signature Date
Person Authorized to Sign for Patient	Relationship to Patient