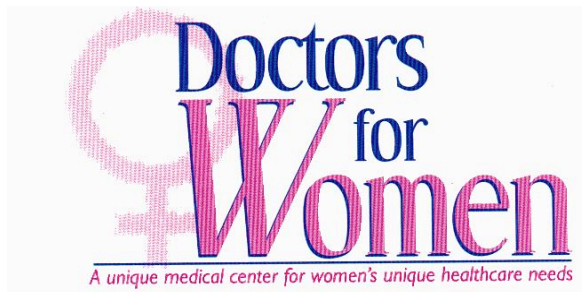


Jacque T. LaBarre, M.D., F.A.C.O.G.
Maria C. Bellmann, M.D.
Erin Kate Cassiere, M.D., F.A.C.O.G.



8001 Youree Drive
Suite 900
Shreveport, Louisiana 71115
Phone (318) 797-0101
Fax (318) 797-0010

MEDICAL RECORDS RELEASE FORM

I hereby authorize the use or disclosure of my health information as described below. I understand the information disclosed because of this authorization may be subject to re-disclosure by the recipient and will therefore no longer be protected by federal privacy regulations.

Patient Name: _____ **Date of Birth:** _____

Address: _____ **SSN:** _____

_____ **phone:** _____

Release Information to: _____

Phone _____ **Fax** _____

Release Information from: _____

Phone _____ **Fax** _____

Information to be released: All Records Progress Notes Labs Other: _____

Reason for request: Changing Physicians Self Specialist Consultation Other: _____

- I understand that if the person or entity receiving my health information is not a health plan or health care provider covered by federal privacy regulation, the health information may be re-disclosed by the recipient any may no longer be protected by federal or state law.
- I understand that I may refuse to sign this authorization and that my refusal to sign in no way affects my treatment, payment, enrollment in a health plan or eligibility for benefits.
- I understand that this authorization will expire 30 days after date listed below. I understand that I may cancel this authorization at any time by notifying the healthcare provider in writing. I understand that my cancellation will not affect any actions taken by the healthcare provider before receiving my cancellation.
- I understand that I may have a copy of this authorization.

Signature _____ **Date** _____

*** There will be a processing charge for this request. The fees are as follows:**

1-25 pages \$25.00
26-500 pages \$.50 per page
Handling Charge \$25.00

Make Check Payable to:
Doctors for Women

Date of Release: _____ Authorized by: _____

Copied / faxed / released by: _____