

Premier Women's Care

Beena Johnson, MD 920 Medical Plaza Dr Ste 530 The Woodlands, TX 77380 281-825-4900

Authorization for Release of Healthcare Information To PWC

Patient Name:					
Date of Birth:					
I hereby autho	rize he transfer of the fol	llowing healthcar	e information:		
From:					
To:	Premier Women's Care				
10.	Beena Johnson, MD 920 Medical Plaza Dr. S The Woodlands, Tx 773 (P) 281.825.4900 (F) 28	Ste 530 380			
☐ Entire con	ntent of chart				
or (please spec	eify)				
☐ Progress 1	Notes 🔲 Lab Rep	ports \square Op	erative Reports	☐ OB records	
Purpose of Dis	sclosure: Continui	ing Patient Care	☐ Moving	☐ Other	
treatment of de AIDS. I also u Premier Wome Authorization copy of the he release my hea Premier Wome any or all of it	nat specific information to rug or alcohol abuse, me nderstand this Authoriza en's Care, except to the e shall remain valid unless alth information to be relable information. As a pa- en's Care cannot guarant to others. Notice is given garding drug and/or alco	ntal/psychiatric re- ation is subject to extent the action has revoked, but will leased and if I do tient of a legal re- ee that the Recipien to the Recipien	elated illnesses or revocation/withd has already been t ll expire one year not sign this Aut presentative signi ent receiving the t that law prohibit	rommunicable disease rawal by me at anytim aken to release this in after signing. I have the horization, Premier Wing this Authorization, requested information to the re-disclosure of	se, including HIV and ne in writing to formation. This the right to inspect a vomen's Care will not I understand that I will not re-disclose
Signature of	patient	Date	Witness		Date
Signature of	Parent/Guardian	Date	Relations	hip to Patient	Date