

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 From PWC

Patient Name	:					
Date of Birth	:					
I hereby auth	orize he tran	sfer of the follow	ing healthcare	e information:		
TO:						
FROM:	Beena John 920 Medic The Wood	omen's Care nson, MD al Plaza Dr. Ste 5 lands, Tx 77380 5.4900 (F) 281.8				
☐ Entire co	ontent of cha	rt				
or (please spe	ecify)					
☐ Progress	Notes	☐ Lab Reports	s \square Ope	erative Reports	☐ OB records	
Purpose of D	isclosure:	☐ Continuing P	Patient Care	☐ Moving	☐ Other	
treatment of a AIDS. I also Premier Won Authorization copy of the horelease my he Premier Won any or all of it	drug or alcohunderstand then's Care, en shall remainealth informate alth informate alth others. Note to others.	nol abuse, mental/ his Authorization xcept to the exten n valid unless rev ation to be release ation. As a patient annot guarantee th	psychiatric re is subject to re it the action had oked, but will ed and if I do not a legal repeat the Recipient	lated illnesses or revocation/withd as already been to expire one year not sign this Autoresentative signi- ent receiving the that law prohibit	rawal by me at anytimaken to release this in after signing. I have thorization, Premier Wing this Authorization, requested informations the re-disclosure of	se, including HIV and ne in writing to formation. This he right to inspect a vomen's Care will not. I understand that n will not re-disclose
Signature o	of patient		Date	Witness		Date
Signature c	of Parent/C	Juardian	Date	Relations	hin to Patient	Date