

Womancare Midwifery Center
Mary Ann Baul, LM, RN, CPM
20 E. Cherry Ave.
Flagstaff, AZ 86001
928-779-6064
FAX 928-773-9694

RECORDS RELEASE

I HEREBY AUTHORIZE RELEASE OF MY RECORDS

FROM _____

TO: WOMANCARE MIDWIFERY CENTER/ MARY ANN BAUL,LM,RN,CPM

All pertinent information including the diagnosis and records of any treatment or examination rendered to me.

Specifically _____.

I acknowledge that such records and/or other information may contain references to the following: 1) Syphilis 2) Gonorrhea 3) Chlamydia 4) AIDS or HIV 5) any other sexually transmitted diseases and acknowledge that these are reportable communicable diseases under the law of the state of Arizona.

By this acknowledgement I release you from all legal responsibility or liability that may arise from this release authorization.

Signature

Date

Social Security Number

Print full name

Date of birth

Other names used

Witness