

Dowd Medical Associates
Attn: Medical Records- GYN
107 Woburn st
Reading, MA 01867

Medical Records Request Phone: 781-944-4250 x 118
GYNMedRecords@dowdmed.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's name: _____ Date of Birth: _____

Previous name: _____ Social Security #: _____

I request and authorize Dowd Medical Associates to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates:

All Healthcare information

Other: _____

Yes No I authorize the release of STD results, HIV/AIDS, testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these tests results to anyone

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above

Patient signature: _____

Date: _____