CTOA CENTRAL TEXAS OB/GYN ASSOCIATES

7718 Wood Hollow Drive, Suite 103
Austin, TX 78731
P: (512) 279-6701
F: (512) 279-6750

Release of Protected Health Information

Patient Name: _____ DOB: _____

I grant permission for my healthcare provider and their representatives of CTOA to discuss my care, as it becomes relevant, using this disclosure form to share information about my healthcare or discuss financial information for payment on my account with family or friends.

Are there any specific people you would like the staff at CTOA to disclose medical/appointment information to?

WE WILL NOT TALK TO ANYONE THAT IS NOT ON THIS FORM, INCLUDING YOUR SPOUSE, PARENT OR CHILDREN.

Release my protected health information to the following person(s)/entity:

Name: _____ Phone:_____ Relationship: _____

Name: _____ Phone:_____ Relationship: _____

Name: _____ Phone:_____ Relationship: _____

The information you may release subject to this authorization is the following:

Appointment date/time: ☐ Yes ☐ No Explanation of diagnosis and/or procedur☐: Y☐ No

Lab reports: ☐ Yes ☐ No Billing inform☐ion: ☐es No

_____
_____
Patient Signature Date

----------OR----------

☐ I <u>do not</u> want any of my information shared with family or friends

_____
_____

Oakwood Women's Centre
511 Oakwood Blvd
Suite 301
Round Rock, TX 78681
P: (512) 244-3698
F: (512) 244-0214

Renaissance Women's Group
12201 Renfert Way
Suite 225
Austin, TX 78758
P: (512) 339-6626
F: (512) 425-3809

The OB/GYN Group of Austin
The choice of Austin women for over 40 years.
1301 West 38th Street
Suite 300
Austin, TX 78705
P: (512) 454-5721
F: (512) 454-2801

women health
1305 W. 34th Street
Suite 308
Austin, TX 78705
P: (512) 459-8082
F: (512) 458-5446

Oakwood Women's Centre
301 Seton Parkway
Suite 407
Round Rock, TX 78665
P: (512) 931-1656
F: (512) 485-1050

Westlake Gynecology
6836 Bee Cave Road
Bldg 3, Ste 150
Austin, TX 78746
P: (512) 375-2555
F: (512) 485-1053

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Patient Signature Date

This consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. I understand that to revoke this consent, I must provide written notice to Central Texas OB/GYN Associates.

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