



Generations Ob/Gyn

2446 Whitney Avenue Hamden, CT 06518 Phone 203-248-4461 Fax 203-288-6761

Authorization for Release/Access of Protected Health Information (PHI)

Patient Name _____

Patient Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone _____ Last 4 digits of SSN _____

I authorize Generations Ob/Gyn to:

_____ RELEASE information to _____ OBTAIN information from

Provider Name _____

Provider Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

_____ All Records _____ Records dated from _____ to _____

Reason for Records Release request _____

PHI **cannot** be released or accessed unless you specifically authorize such under 42- CFR Part 2 of the federal confidentiality regulations and Chapter 899 of the CT General Statutes.

Please initial next to each item below to specifically authorize the release or access of health information relating to the testing, diagnosis or treatment for:

HIV/AIDS status	_____ yes	_____ no	Initials _____
Drug and alcohol use	_____ yes	_____ no	Initials _____
Mental health disorders	_____ yes	_____ no	Initials _____

Signature: _____ Date: _____