Partners for Women's Health
Meeting the Changing Health Needs of Women
3 Alumni Drive • Suite 401
Exeter, NH 03833
Phone 603-778-0557
Fax 603-778-1669

_____ I give permission to release medical information to:

_____
(indicate person's name)

Your Health Record may include sensitive information. Please indicate Yes/No if you would like it included in this release.

HIV Information	yes/no
Sexually Transmitted Disease results	yes/no
Psychiatric/Mental Health Information	yes/no
Alcohol/Substance Abuse Information	yes/no

_____ I give permission to release only the specific medical information to:

_____
(indicate specific information)

_____
(indicate person's name)

_____ I do not give permission to release medical information to:

_____
(indicate person's name/relationship)

Patient Name: _____ Date of Birth: _____
(please print)

Patient Signature: _____

Date: _____

/ctb. specific med info release.3.11.rev 7.13