



**Authorization for Use and Disclosure of Protected Health Information**

**PATIENT NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**PARTNER NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**I authorize release of my records from:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize release of my records to:**

- Center for Reproductive Medicine  
2828 Chicago Ave. S., Suite 400  
Minneapolis, MN 55407  
Phone: 612-863-5390 Fax: 612-863-2697
- Dr. Paul Kuneck       Dr. Colleen Casey
- Dr. Dan Lebovic       Dr. Margaret Hopeman

- Center for Reproductive Medicine  
991 Sibley Memorial Hwy, Suite 100  
St. Paul, MN 55118  
Phone: 651-379-3110 Fax: 651-379-3111
- Dr. Mark Damario

**INFORMATION TO BE RELEASED**

\_\_\_\_\_ Progress Notes      Approximate Dates: \_\_\_\_\_

\_\_\_\_\_ Lab Results      Approximate Dates: \_\_\_\_\_

\_\_\_\_\_ Operative Reports      Approximate Dates: \_\_\_\_\_

\_\_\_\_\_ Hysterosalpingogram FILM      Approximate Dates: \_\_\_\_\_

\_\_\_\_\_ Genetic Testing      Approximate Dates: \_\_\_\_\_

Other: \_\_\_\_\_

**PURPOSE OF DISCLOSURE**

- Continuing Care       Insurance Application       Litigation
- Insurance Payment       Personal       Other \_\_\_\_\_

**ACKNOWLEDGEMENT OF UNDERSTANDING**

- I understand the expiration date of this authorization is 1 year.
- I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken.
- I understand that Center for Reproductive Medicine cannot prevent the redisclosure of records released as a result of this request; therefore Center for Reproductive Medicine is released from any and all liability resulting from redisclosure.
- I understand by authorizing this use or disclosure of information, there will be no conditions placed on my health care or payment for my health care.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date