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Suite 213  
Pittsburgh, PA 15243

Caste Village Office  
5301 Grove Road  
Pittsburgh, PA 15236

**HIPAA**

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

**FEDERAL LAW PROHIBITS THIS PRACTICE FROM RELEASING ANY MEDICAL INFORMATION WITHOUT PERMISSION FROM THE PATIENT.**

**IF YOU ARE UNDER THE AGE OF 18 YEARS OLD IT IS NECESSARY THAT A PARENT/GUARDIAN IS LISTED AS PERSON OF CONTACT BELOW.**

I \_\_\_\_\_ (PATIENT/GUARDIAN), authorize the release of information including the diagnosis, records, examination, appointments and treatment rendered to the above patient.

This information may be released to (check all that apply)

Spouse \_\_\_\_\_ Phone Number \_\_\_\_\_

Child(ren) \_\_\_\_\_ Phone Number \_\_\_\_\_

Other \_\_\_\_\_ Phone Number \_\_\_\_\_

Information is not to be released to anyone (Initial Here) \_\_\_\_\_

In further consideration for this, Advanced Women's Care of Pittsburgh P.C. agrees to the same stipulations.

Messages and Communication from our offices:

If we are unable to speak to you directly concerning matters pertaining to your health care, please check and circle ONE OF THE FOLLOWING preferences:

\_\_\_ You may leave a detailed message on HOME, CELL, WORK - Phone Number \_\_\_\_\_

\_\_\_ Please leave me a message asking to return our call HOME, CELL, WORK - Phone Number \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

X \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SIGN HERE - PATIENT/GUARDIAN SIGNATURE