| Michelle Harvison, M.D. | Stephanie Shaw Brown, M.D. |
| Kristen E. Peske, D.O. | Amy B. Turner, D.O. | Karrah Dattilo, D.O. |
| Julianne Capozzi-Ryan, D.O. |

Board Certified | Obstetrics and Gynecology
Phone 724-941-1866 | Fax 724-941-1647

St. Clair Outpatient Center
3928 Washington Road
Suite 230
McMurray, PA 15317

ADVANCED
WOMEN'S CARE OF PITTSBURGH, P.C.

Caste Village Office
5301 Grove Road
Pittsburgh, PA 15236

St Clair Health Office
1000 Bower Hill Road
Suite 213
Pittsburgh, PA 15243

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 <u>may</u> 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

2024