



VICTORIA WOMEN'S
CLINIC

(361) 578-5233 Fax (361) 573-5803
1-800-747-0819

Authorization to Release Information to Family Members/Friends

I, _____ authorize The Victoria Women's Clinic to release my records and any information requested to the following individuals:

Name(s):

Relationship:

Health Information to be disclosed (Check all that apply):

My complete health record (including but not limited to diagnoses, lab tests, prognosis, treatment and billing, for all conditions)

OR

My complete health record, as above, with the exception of the following information:

Mental Health Records

Communicable Disease (including HIV and Aids)

Alcohol/Drug Abuse

Other (please specify) _____

This authorization shall be effective until (Check One):

All past, present and future periods, OR

Date or Event: _____

unless I revoke it (NOTE: You may revoke this authorization at any time by notifying your health care providers)

Name of Individual giving this Authorization (Print)

Signature of Individual giving this Authorization/ Date

110 MEDICAL DRIVE - SUITE 100 VICTORIA, TEXAS 77904

Melissa L. Wilson, M.D., F.A.C.O.G. Gus Zamora, M.D., F.A.C.O.G. Maria Torres M.D., F.A.C.O.G.

2705 HOSPITAL DRIVE - SUITE 300 VICTORIA, TEXAS 77901

Tanya E. Seiler, M.D., F.A.C.O.G. Robert L. Hicks, M.D., F.A.C.O.G. Dana M. Gonzalez, F.A.C.O.G. My Hanh Nguyen, M.D.