IVF PHOENIX™
Advanced Technologies: Making Conception Affordable

JOHN L. COUVARAS, MD, FACOG
Medical Director

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient name: _____ Date of Birth: _____

Address: _____ Phone (home): _____

_____ Phone (work): _____

I hereby authorize the release of photocopies of the following medical records in the possession or control of **IVF Phoenix™**, its employees and/or agents. FOR THE PURPOSES HEREOF, "MEDICAL RECORDS" SHALL INCLUDE ALL CONFIDENTIAL HIV-RELATED INFORMATION (AS DEFINED IN A.R.S 36-661), CONFIDENTIAL COMUNICABLE DISEASE-RELATED INFORMATION (AS DEFINED IN A.R.S. 36-681), CONFIDENTIAL ALCOHOL OR DRUG ABUSE-RELATED INFORMATION (AS DEFINED IN 42 CFR SECTION 2.1 ET SEQ), AND CONFIDENTIAL MENTAL HEALTH DIAGNOSIS/TREATMENT INFORMATION.

_____ I consent to the release of HIV/AIDS related information as part of this authorization.

Initial

Please check one: _____ All medical records

OR

_____ The following described records only (specify types and dates):

_____

_____

Transfer records to (Name/Practice): _____

Address: _____ Phone: _____

_____ Fax: _____

TRANSFER/RELEASE:

I have given my consent freely, voluntarily and without coercion. I may revoke this authorization at any time provided I notify **IVF Phoenix™** in writing to that effect. I understand that any release, which was made prior to my revocation in compliance with this authorization, shall not constitute a breach of my rights to confidentiality. I understand that a photocopy/fax of this authorization is considered acceptable in lieu of the original. This consent will expire sixty (60) days after the signed date below.

There is potential that information disclosed pursuant to the authorization is subject to re-disclosure by the recipient and no longer protected by HIPAA.

Patient's signature: _____ Date: _____

Spouse/Partner's signature: _____ Date: _____

Records prepared by: _____ Date: _____

❑ Mailed ❑ Faxed Received by: _____ _____

Name Date

9817 N 95th St, Building I-107 • **Scottsdale**, AZ 85258 6859 E Rembrandt Ave, Suite 111A • **Mesa**, AZ 85212
T: 602.765.2229 W: ivfphoenix.com F: 602.493.6641 billing@ivfphoenix.com