***Record Release Form***

Please fax form to: (202) 659-6481

or

**records@vulvodynia.com**

**PATIENT NAME:**

# DATE OF BIRTH: / /

# Reason for records request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORDS TO RELEASE:**

## O FULL MEDICAL RECORD (includes doctor’s notes & labs)

O MOST RECENT VISIT (includes note & lab) DATE: / / O ONLY LABS (includes all prior labs)

O ONLY NOTES (includes all prior notes)

O OTHER:

SEND REQUEST TO:

O Name of Individual(s)/organization(s) receiving the records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O FAX: \_\_\_\_\_\_\_\_

O EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PATIENT SIGNATURE AUTHORIZING RELEASE:**

 DATE: \_\_\_

NOTE: DUE TO HIPAA COMPLIANCE AND RECOMPLIANCE LAWS, ONLY CLINICAL PAPERWORK GENERATED AT THE CENTERS FOR VULVOVAGINAL DISORDERS WILL BE RELEASED. RECORDS RELEASES ARE GENERALLY PROCESSED WITHIN THREE WEEKS, MAXIMUM, PENDING NOTES AND LABS REVIEWED BY DR. GOLDSTEIN & MOLLIE FLINT, NP. YOU MAY EXPERIENCE DELAYS IF HE/SHE IS NOT IN THE COUNTRY OR TRAVELLING BETWEEN OFFICES. PATIENT SIGNATURE IS REQUIRED FOR AUTHORIZATION. TO GENERATE A BLANKET RELEASE OR DESIGNATE AUTHORITY FOR RECORDS RELEASE REQUEST BY ANOTHER INDIVIDUAL, PLEASE CONTACT US BY PHONE (202)887-0568 EXT. 101