

The Centers for Vulvovaginal Disorders

P. 202-887-0568 / . 202-659-6481

Record Release Form

Please fax your completed form to (202) 659-6481 or email to:
records.cvvd@gmail.com

PATIENT NAME: _____

DATE OF BIRTH: _____ / _____ / _____

Reason for records request: _____

RECORDS TO RELEASE:

- FULL MEDICAL RECORD (includes doctor's notes & labs)
- MOST RECENT VISIT (includes note & lab) DATE: _____ / _____ / _____
- ONLY LABS (includes all prior labs)
- ONLY NOTES (includes all prior notes)
- OTHER: _____

SEND REQUEST TO:

- FAX: _____
- EMAIL: _____

PATIENT SIGNATURE AUTHORIZING RELEASE:

_____ DATE: _____

ADDITIONAL COMMENTS:

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. 102