



4735 Ogletown Stanton Rd • Suite 2300 Newark, DE 19713

Fax: 302.225.1111

4600 New Linden Hill Rd • Wilmington, DE 19808

Fax: 302.995.9103

2600 Glasgow Avenue • Suite 218 Newark, DE 19702

Fax: 302.832.8373

Phone Number: 302.224.8400

Jennifer Barlow, M.D.

Naren M. Earl, M.D.

Joanne Goshow-Harris, D.O.

Molly H. Larkin, M.D.

Christine Maynard, M.D.

H. Diane McCracken, M.D.

Helen McCullough, D.O.

Regina Smith, D.O.

Natalie Chavez, M.D.

Casey Bedder, D.O.

Dina Anderson, MSN, RNC

Heike Muehn, APN, MSM

Ashley August, PA-C

Carla Triolo, PA-C

Clare Szymanski, CNM

Colleen Lynch, CNM

Any Records, APN

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name _____

Date of Birth _____ Social Security # _____

I authorize All About Women of Christiana Care, Inc. to disclose my health and medical information to the following individuals **other than myself: (Do not list physicians; they are covered under your HIPAA privacy practice notice. If you do not want anyone to have access to your information, please write “do not release”. This form allows All About Women of Christiana Care, Inc. to discuss medical findings with the individuals listed below unless otherwise noted.**

PLEASE DO NOT LEAVE BLANK.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

I understand that I may revoke this authorization at any time. The revocation must be in writing and submitted to All About Women of Christiana Care, Inc. This authorization permits All About Women of Christiana Care, Inc. to release your medical information and test results to the persons specified above.

Patient Printed Name

Date

Patient Signature