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Colleen Lynch, CNM

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Dear Patient,

In order to expedite your request for records, please follow the procedure below:

- ✍ Complete the authorization portion of this form.
✍ Enclose a check for \$15.00 payable to All About Women
✍ Mail the authorization and check to:

All About Women
4735 Ogletown-Stanton Rd.
Ste 2300
Newark, DE 19713
Attn: Medical Records Dept.

Once we receive the authorization and check, please allow 7-10 business days for us to process your request. If you have any questions, please call the office at (302) 224-8400.

MEDICAL RECORDS RELEASE AUTHORIZATION

I hereby authorize and request All About Women, to release my complete medical records, to include all protected health information including but not limited to, HIV testing, STD testing and mental health records, in your possession to:

Three horizontal lines for patient information.

Patient Name: _____ Date of Birth: ____/____/____

Patient Signature: _____ Date: ____/____/____