



### Release of Medical Information to Family Member

I authorize Women's Specialists of New Mexico, Ltd. to give medical information regarding the following specific condition(s):

- All Information
- Pregnancy Related Only
- Pap Smear
- Result of Sexually Transmitted Disease Testing
- HIV Results
- Blood Work
- Procedures and Results
- Medication Information/Refills
- Appointment Information

To: \_\_\_\_\_ who is related to me as my: \_\_\_\_\_.  
(person)

I release Women's Specialists of New Mexico, Ltd. from any liability resulting from the release of this confidential information.

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I **DO NOT** authorize Women's Specialists of New Mexico, Ltd. to release **ANY** medical or appointment information to anyone.

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\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name D.O.B.

2007	2008	2009	2010	2011	2012	2013	2014