The Women's Health Center of Hunterdon County ("WHC")

Affiliates in Obstetrics and Gynecology, P.A.
111 State Route 31 Suite 121
Flemington, NJ 08822
908-782-2825
FAX record release to: 908-782-0196

I understand that I will be charged a fee for the reproduction of records as follows: 20 pages or less: $10.00; more than 20 pages: $1.00/per page up to maximum of 100 pages. The WHC may also charge to cover routine postage.
Payment for records is due before records will be released. WHC will notify you with the fee amount. Records will be ready in 3-5 days after payment.

Name:____

Home Address:____

Home Phone:____________________________Work/Cell:____________

Date of Birth:_____/_____/_____

I hereby request that WHC provide:____
(Requesting Physician Name or "Myself)
With my medical records created by the WHC.

( ) I am only interested in obtaining the requested information relating to the time period from________to___________.

( ) I am interested in obtaining a copy of all requested information maintained by WHC.

I would prefer to:
( ) pick up requested information on:_____________
( ) have a copy of the requested information sent to:

____

DISCLOSURE: I understand that information that may be disclosed includes diagnosis, prognosis, and treatment for physical/mental illness. I understand that AIDS/HIV related, genetic, and venereal disease information may be disclosed.
If I am a parent or legal guardian requesting access to medical records of a child, I understand that, pursuant to law, certain limited records may not be available to me.
I understand the WHC may deny this request under limited circumstances as provided under New Jersey law and federal regulations governing the protection of personally identifiable health information. I understand that I have the right to have a denial of my request reviewed by a licensed health care provider selected by WHC who did not participate in WHC's initial decision to deny my request.

_____________________________________ _______________________
Signature of Patient or Personal Representative Date