



AUSTIN AREA
OB-GYN & FERTILITY



SEEKER
DERMATOLOGY & AESTHETICS

Consent to Share Confidential Medical Information

To be valid, this form must be filled out COMPLETELY, including what information you are giving us permission to share.

Patient's Legal Name: _____

Birth Date: _____

I HEREBY AUTHORIZE AUSTIN AREA OBGYN TO SHARE:

- ☐ ALL of my medical/dental information- **including information about:**
 - STD testing and treatment* HIV/AIDS testing and treatment*
 - Mental health diagnoses and treatment* Pregnancy test and prenatal care*
 - Drug and alcohol use history and treatment* Birth control/family planning*
- ☐ My lab results (**Note: selecting this does NOT mean we will share results of STD or HIV/AIDS tests**)
- ☐ The appointment times, dates and reasons for visits
- ☐ The medications I am taking
- ☐ The following information (specify): _____

WITH THE FOLLOWING PEOPLE:

Full Name: _____ Relationship: _____ Ph #: _____

Full Name: _____ Relationship: _____ Ph #: _____

Full Name: _____ Relationship: _____ Ph #: _____

I understand that I may cancel this consent at any time (by notifying Austin Area OBGYN), but that cancelling it will not affect any information that has already been released.

I understand that I do not have to sign this form, and that I should only sign it if I want my medical provider or my clinic to share my information with someone.

This authorization expires: (on date) _____ OR when I cancel in writing.

If no expiration date or event is specified, this authorization will expire one year after the date it is signed.

Signature: _____ Date: _____

Relationship to minor patient (if parent or legal guardian)*: _____

If you are not the minor patient's parent, you must give us proof of guardianship (for example, a court order or power of attorney)

Witness: _____ Date: _____

**A minor patient's signature is required for us to share information about care for: (1) conditions relating to the minor's sexuality including, but not limited to: family planning and sexually transmitted diseases (age 14 and above); (2) alcoholism and/or drug abuse (age 13 and above); and (3) mental health conditions (age 13 and above).*