



Request for Communication

I request the following alternatives relating to communications directed to me by Acadiana Women's Health Group for release of my medical and billing records.

Acadiana Women's Health Group, Physicians & staff are authorized to discuss and/or release my medical records and/or billing records with/to:

Name

Relationship to Patient

Date of Birth

Name

Relationship to Patient

Date of Birth

Name

Relationship to Patient

Date of Birth

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship to Patient