

**SUNFLOWERS WOMEN'S HEALTH CARE**

310 N Wilmot Rd Suited 208

Tucson, AZ 85711

**INFORMATION RELEASE AUTHORIZATION**

I, \_\_\_\_\_ (patient name) authorize Sunflower Women's Health Care to release the following information:

Please Check

- 1. \_\_\_\_\_ Appointment Times
- 2. \_\_\_\_\_ Test Results
- 3. \_\_\_\_\_ Financial/Insurance Information
- 4. \_\_\_\_\_ All Information

To the following person or persons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sunflower Representative Witness

Sunflower Women's Health Care  
310 N. Wilmot, Suite 208  
Tucson, Arizona 85711  
520-547-5692

**AUTORIZACION PARA DIVULGAR/COMPARTIR INFORMACION**

Yo, \_\_\_\_\_ (nombre de paciente), doy permiso a Sunflower Women's Health Care que compartan la siguiente información:

Favor de Marcar

1. \_\_\_\_\_ Horario de citas
2. \_\_\_\_\_ Resultados de análisis
3. \_\_\_\_\_ Información financiera/de seguro
4. \_\_\_\_\_ Toda información

A la siguiente persona o personas:

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\_\_\_\_\_  
Firma del paciente

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del testigo/representante de Sunflower