

Premier Women's Care
920 Medical Plaza Dr., Suite 530
The Woodlands, TX 77380
Phone: 281 825 4900

Consent Form for Releasing Medical Information

According to the provisions of the Medical Privacy Act of Texas, the staff of *Premier Women's Care* cannot release any information pertaining to your condition, treatment, or care without your written consent. If you wish to authorize *Premier Women's Care* to release such information to anyone other than yourself, please complete the following form.

I hereby authorize the staff of Premier Women's Care to release information regarding my condition, treatment, or care to the individuals listed below.

	Name	Relationship to Patient
1		
2		
3		
4		
5		

**Signature of Patient/
Parent/Guardian**

**Name of Patient/
Parent/Guardian**

Date:
