



*Health care with a woman's touch.*

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## Consent for Disclosure of Private Health Information

This consent for disclosure gives the staff and providers of Casper Women's Care, PC the right to disclose any and all private health history that may be necessary to perform today's exam and/or service. This includes any accidental viewing of medical information that may be entered into another machine or device, or any computer used for documentation of today's visit. This allows the staff and/or provider to ask questions of you and to discuss and answer any questions from any person on this consent in regards to your private health information. If there is anyone present in the exam room that is not listed on this consent, they will need to leave the room immediately. This consent is only valid for this date of service; \_\_\_\_\_, after which time it is considered null and void. Please note that you must complete this consent form for each office visit where guests are present, regardless of whether or not they have accompanied you before.

All the person(s) present to include minors must be listed on this consent, and failure to do so will result in the need for said people to vacate the room immediately. This is a requirement of HIPAA.

I release information to: \_\_\_\_\_.

I release information to: \_\_\_\_\_.

I release information to: \_\_\_\_\_.

I release information to: \_\_\_\_\_.

I release information to: \_\_\_\_\_.

Patient Name (print) \_\_\_\_\_ DOB \_\_\_\_\_

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

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_