Desiree Blake, APRN, CNM, WHNP
10735 Ravenna Rd, Unit 424, Twinsburg, OH 44087
Phone: 216-258-0851. Fax: 833-992-2037

**REQUEST FOR RELEASE OF MEDICAL RECORDS**

**PATIENT INFORMATION:**

NAME: _____
ADDRESS: _____
PHONE: _____
BIRTHDATE: _____
SSN: _____

**RELEASE RECORDS FROM:**

OFFICE: _____
ADDRESS: _____
PHONE: _____
FAX: _____

**RELEASE RECORDS TO:**

☐ Beautiful Beginnings & Beyond Midwifery, LLC
10735 Ravenna Rd, Unit 424, Twinsburg, OH 44087

☐ RELEASE RECORDS TO:
_____
_____
_____
_____

**PLEASE RELEASE THE FOLLOWING RECORDS:**

___OPERATIVE REPORTS ___PRENATAL RECORDS ___LAB REPORTS

___PROGRESS REPORTS ___RADIOLOGY REPORTS___ALL RECORDS

___OTHER (Please specify) _____

___I **ALLOW** INFORMATION TO BE TRANSMITTED BY FAX. I UNDERSTAND THAT THIS MAY LIMIT THE SECURITY OR CONFIDENTIALITY OF THE RECORDS.

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION AND GIVE CONSENT TO PROCEED.**

_____ _____
(PATIENT SIGNATURE/ PRINTED NAME) (DATE OF AUTHORIZATION)

I HEREBY AUTHORIZE COPIES OF MY MEDICAL RECORDS TO BE RELEASED FROM BEAUTIFUL BEGINNINGS & BEYOND MIDWIFERY LLC. I UNDERSTAND THAT THIS MAY INCLUDE INFORMATION REGARDING MEDICAL, SURGICAL, PSYCHIATRIC TREATMENT, DRUG TREATMENT, HIV TESTING, TESTING AND/ OR COUNSELING. I RELEASE BEAUTIFUL BEGINNINGS & BEYOND AND ALL STAFF FROMEANY AND ALL COSTS, LIABILITY OR DAMAGES RESULTING DIRECTLY OR INDIRECTLY FROM RELEASING OF RECORDS.