Associates in Women's Health of the Mahoning Valley, Inc. 1350 Fifth Avenue • Suite 324 • Youngstown, OH 44504 • P: 330.746.7007 • 330.746.8818

AUTHORIZED PERSON LIST

Persons listed may receive my protected health care information to the extent noted. In order for them to gain access via telephone, I understand that they will be required to give the last four digits of my social security number and answer other questions to assure their identity.

Auth	orized Person:	_Phone#:		
()	Full authorization (may authorize release to third parties) Authorization with the following restrictions:			
Auth	orized Person:	_Phone#:		
()	Full authorization (may authorize release to third parties) Authorization with the following restrictions:			
Auth	orized Person:	_Phone#:		
()	Full authorization (may authorize release to third parties) Authorization with the following restrictions:			
Auth	orized Person:	Phone#:		
()	Full authorization (may authorize release to third parties) Authorization with the following restrictions:			
Patie	ent / Authorized Name:			
Print				
Signature		Date:		