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.

Authorized Person:_____**Phone#**:_____

( ) Full authorization (may authorize release to third parties)
( ) Authorization with the following restrictions: _____

_____

_____

Authorized Person:_____**Phone#**:_____

( ) Full authorization (may authorize release to third parties)
( ) Authorization with the following restrictions: _____

_____

_____

Authorized Person:_____**Phone#**:_____

( ) Full authorization (may authorize release to third parties)
( ) Authorization with the following restrictions: _____

_____

_____

Authorized Person:_____**Phone#**:_____

( ) Full authorization (may authorize release to third parties)
( ) Authorization with the following restrictions: _____

_____

_____

Patient / Authorized Name:

Print _____

Signature _____ Date: _____