

Audubon Fertility LLC  
4321 Magnolia Street  
New Orleans, LA 70115  
Phone: (504)-891-1390  
Fax: (888)-972-3609  
Email: info@audubonfertility.com

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

I authorize Audubon Fertility to Release to:

Physician/Organization/Self	Address

Fax (if applicable)	Email	Phone

Information/copies requested from the medical records for:

**Patient Name:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_\_

**Outgoing medical records should be sent to the above via:**      **FAX**      **EMAIL**      **MAIL**

**INFORMATION TO BE RELEASED:**

- ☐ All Medical Records      ☐ Semen Analysis      ☐ Embryology Reports      ☐ Genetic Testing  
☐ Infectious Disease – Including HIV/AIDS testing      ☐ Other: \_\_\_\_\_

This information is being released for the following purpose:

- ☐ Continued Care      ☐ Attorney/Litigation      ☐ Insurance      ☐ Disability Services  
☐ Transfer of specimens      ☐ Other \_\_\_\_\_

I understand that Audubon Labs charges \$1/page for pages 1-25, \$0.50/page for pages 26-350, and \$0.25/page for 351 pages on. This is in addition to a handling charge of \$25. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on it and that in any event this authorization shall expire \_\_\_\_\_ days from the date of my signature.

**If no time period is specified, it shall expire in 90 days from the date of signature.**

I understand that if the recipient authorized to receive the information is not a covered entity, e.g. insurance company or non-health care provider; the released information may no longer be protected by federal and state privacy regulations.

**TO THE PARTY RECEIVING THIS INFORMATION:** This information has been disclosed to you from records whose confidentiality may be protected by federal law. If so, federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of information or other information is not sufficient for this purpose.

**FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2**

_____ Signature of Patient or Legally Authorized Representative	_____ Date
--	---------------

**\*\*Please allow Audubon Fertility 15 days to process this request\*\***